

# ORAL HYGIENE

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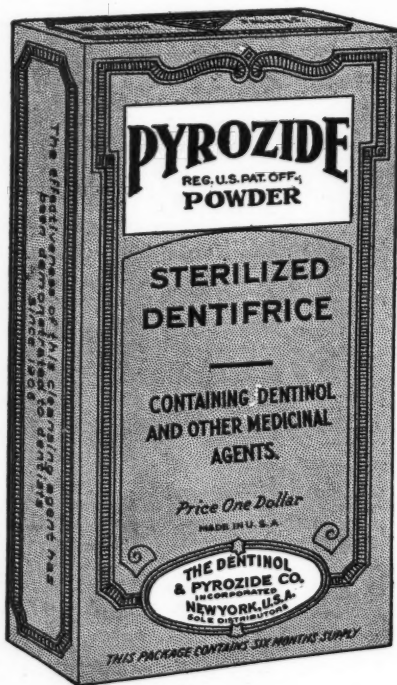
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APRIL  
1930



# In Special Cases Prescribe This Specialized Product



## PYROZIDE POWDER

being medicated with a gum-tissue healing agent, its function is to do more than to serve as a tooth-cleansing dentifrice.

Prescribe Pyroside Powder for broken-down, diseased gums—soft, bleeding, spongy gums, and for all other pyorrhetic conditions.

PYROZIDE POWDER quickens the patient's interest because of its difference in character, taste, and results to all other dentifrices.

▼  
**Gum-Gripped  
Teeth May Last  
a Lifetime**  
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### FREE SAMPLES COUPON

THE DENTINOL & PYROZIDE CO., *Sole Distributors*  
1480 Broadway, New York, N. Y.

O.H.

Please send FREE SAMPLES PYROZIDE POWDER for distribution to patients.

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# CUSP TEETH—

- are easier to set up than cusp teeth.
- make it easier to secure balanced occlusion.
- may be set up lingually, buccally, distally or mesially without definite relation to opposing occluding teeth.
- afford greater tongue room because dentures can be set in cross-bite relation.
- are improved with grinding in the occlusion rather than destroyed as in the case with cusp teeth (allowance is made in the manufacturing of inverted cusp teeth for grinding in occlusion.)
- effect mastication with less pressure.
- function without cusp interference.
- minimize tipping and rocking of dentures.
- minimize trauma, soreness and tissue change.
- minimize the need for rebasing or re-making dentures.
- do not produce malocclusion, when the relations between the dentures are permitted to change as a result of settling of the dentures.
- are more comfortable to wearers.
- increase duration of denture service.
- place denture work on a more satisfactory and a more profitable basis.

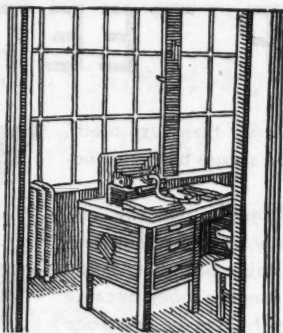


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THE  
*Publisher's*



No. 105

# C O R N E R

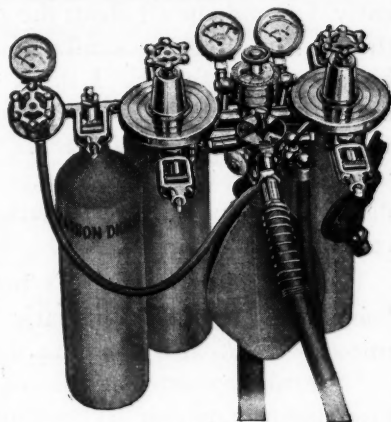
*By Mass*

“THE CORNER is ridiculous in a magazine for people with a high i. q.,” writes a nameless Philadelphia dentist. Whereupon the rest of the staff chortles and smirks in agreement with this voice out of the dark, considering it good clean fun for someone to slap the Old Man down. The CORNER is pretty ridiculous but it just mirrors a muddled mind so there seems no help for it.

The only worry, though, is: what does i. q. mean? That's the *real* poison on this dart. It's likely a Latin abbreviation of some sort and this chap must have figured that a silly soul like me wouldn't know and would puzzle over it and fret about it and telephone educated friends and spend most of a crowded afternoon with the dictionary. He planned shrewdly all right for my knees are numb from holding the big Webster and my eyes bewoggled.

“His knees aren't the only numb part of him,” I can hear this laddie mutter—if he happens to be reading this.

# HEIDBRINK



... provides  
for every  
conceivable  
requirement

... of routine and emergency technique in anesthesia or analgesia. Its accurately calibrated, readable gauge dials dependably guide the anesthetist to safe, successful anesthesia.

Should anesthesia deepen undesirably, volumes of emergency oxygen are available instantly.

Facilities of control are complete—the operation of the apparatus most simple.

Send Today for our New Catalog No. 7

## MAVES BLUE INLAY WAX

Better than ever—Sticks and Cones

You'll like it—50c and \$1.00

*The* HEIDBRINK COMPANY  
Minneapolis Minnesota U.S.A.

The quest did uncover the fact, however, that *iqueme* means "to please" and that *iquethe* means "speak" or "agree"—and, backtracking despondently, I found out all about the *Ipswich sparrow* and the big news that it is similar to the savanna sparrow but larger and paler. I think you would get pale, too, if you learned that your name is Ipswich. And then there is *ipsissimis verbis*, meaning, of course, "in the very words or language," which gives you a dainty lump of culture to tuck into drawing room conversation.

Up the column a finger's breadth is *ipsedixitist*, "one who employs dogmatic assertion,"—wait a minute—*doglichen*, *doglouse*, *dogma*—and *dogmatic*—"asserting a matter of opinion as if it were fact, or asserting a matter of fact without due *evidence*."

Well, no matter, but I thought I might tag this Philadelphian as an ipsedixitist of the first water, but there is plenty of evidence that the CORNER is ridiculous for people with high i. q.'s or low ones or just middlin' i. q.'s.

And here is the tasty *ipnops*, a deep-sea fish which won't stare at you from the platter because it has no eyes. And *ipil*, "an important fabaceous tree"—and the temptation to sing softly "In the Shade of the Old Ipil Tree"—and a recollection of dear days when freedom from such silly pursuits as this writing gave time for lying under the apple tree, looking lazily at the soft cottony clouds inching along overhead on their aimless restful way—time to enjoy the sudden melody of a carefree bird, hidden in some leafy bough above, and the soothing hum of bees, busy in the clover—the only busy things in what



before the chair  
before cocaine or  
. . . . novocaine  
before operations

# ALLONAL

THE NON-NARCOTIC  
SEDATIVE - HYPNOTIC - ANALGESIC  
FOR PAIN AND SLEEPLESSNESS

In addition to using Allonal to prevent pain, shock, and the undesirable by-effects of cocaine or novocaine, a rapidly increasing number of dentists report prescribing one Allonal tablet routinely, with excellent sedative effect, a half-hour before all forms of dental work, even cavity preparation . .



This technique is reported highly successful in preparing nervous patients for the chair: Prescribe one Allonal tablet the preceding night and one within the hour before the appointment.

*A Complimentary Trial Supply Sent to Dentists on Request.*

**Hoffmann - La Roche, Inc.**

Makers of Medicines of Rare Quality  
NUTLEY, NEW JERSEY

seemed a pleasant, drowsy land where sleep came softly in the afternoon hush.

That, I guess, is enough of that. One can't let the definition of *ipil* start him dreaming—not in these days when you and I are supposed to gear ourselves to the faster and faster spinning wheel of progress and live at a headlong pace—rushing about like the ants we are, scudding to work like hunted things in motor cars that each year become faster and faster, ascending to our offices in elevators designed by men with the common itch for speed, timing our days and begrudging moments of leisure because we must get and get and get—get things we are much too weary to enjoy.

The CORNER tries to be a sort of refuge from the whirl of affairs—an escape from the furrowed-brow serious thinking and violent concentration which induce arteriosclerosis.

"Do not wander," continues Philadelphia Phil, "but confine yourself to essentials of dentistry, extractions and restorative work, etc."

Hell, man!

*Don't* be like that!

Get silly yourself every thirty days—push dentistry out of your mind that often anyway. Then your handwriting will calm down and won't show that you're all of a-flitter. Get out nights and look at the stars and relate yourself to them in terms of insignificance.

We really don't matter—we're just a couple of worms, you and I—maybe *ipomoea* worms—they come right after *ipnops*.

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AN INVITATION TO DRINK

AT THE

## LILY FOUNT

(OF KNOWLEDGE)



Beginning with our next advertisement we will regularly devote this space to the distributing of useful bits of knowledge, both on professional and other subjects of general interest.

We will endeavor to make these helpful hints valuable enough for you to want to save them from month to month and will appreciate any suggestions that you may care to offer at any time.

## ... And LILY CUPS

**LILY CUPS** are as important an adjunct to fine dental equipment as a modern x-ray machine.

Patients may not fully appreciate a perfect focus tube—but they instantly recognize the sanitation and convenience of Lily Cups. Lily Cups and Dispensers offer irrefutable visual evidence of 100% sanitation in the dental office.

Mail coupon at once for free package of Lily Cups and special Lily Cup Dispenser offer.

We hope that you will accept our invitation to drink at The Lily Fount of Knowledge and that it will serve as a source of genuine help and inspiration to you...Watch for our ad in the May issue.

**LILY-TULIP CUP CORPORATION**  
Chanin Bldg., New York City

Please send me a free sample package of Lily Cups, and information about the Lily Cup Dispenser offer.

Name .....

Address .....

Dental Dealer ..... \*

**LILY-TULIP CUP CORPORATION**  
**CHANIN BLDG. NEW YORK**



This must be open season for pot-shotting at papa.

To scold about the brand of Spanish employed in the February CORNER, also stomped on last month by Major Charlie Barton, comes CORNER-customer Dr. Eugenio Vera of Guayama, Porto Rico:

"Besides forgetting to place the *accents* where they belong and the *indispensable* diacritical sign on the letter N, you *confuse the sex* of the noun *noches*, which is feminine, not masculine, as you put it when you bid farewell thus: 'And the CORNER ends—*buenos noches*,' which is a very poor ending I'll say."

But then, Eugenio, I have *always* been confused about sex.

\* \* \*

And the CORNER subsides.

And homicidy thoughts, inspired by all of this CORNER-kibitzing, are banished by kindly comment on this lame literature, voiced by Dr. E. Dayton Craig while my mouth was full of his hand and by Dr. Samuel Bass, of Brooklyn, busy with his job as clinic chairman at the Kings County Progressive Dentistry meeting—comforting comment to one whose intelligence quotient is so low he does not even know what i. q. means.

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# Doctor, what would you say to these 30,000,000 People?

In a nation-wide Radio Broadcast the public is being told things helpful to themselves and beneficial to the profession. We are glad to get suggestions

**Y**OU may wish to contribute to a great nation-wide health crusade. One that, through a vast network of stations six nights a week, is bringing a better conception of oral prophylaxis—the part that Pepsodent plays, the part the dentist plays.

On this page is reprinted a typical nightly message. Listen for a few nights on your radio to this popular feature—'Amos 'n Andy. Our purpose, you will see, is to benefit not only Pepsodent but the public and profession as well.

We have found a great popular interest in the teeth — their care and troubles. As you have time to jot down helpful facts discovered in your practice, won't you send them to us? Your name, of course, will not be mentioned.

Amos 'n' Andy stations are below:

## 7:00 P. M.

### Eastern Standard Time

WJZ—New York City  
WBZA—Boston  
WBZ—Springfield  
WRC—Washington, D. C.  
WHAM—Rochester  
KDKA—Pittsburgh  
WJR—Detroit  
WCKY—Cincinnati  
CKGW—Toronto  
WPTF—Raleigh  
WRVA—Richmond  
WBT—Charlotte  
WJAX—Jacksonville  
WIOD—Miami

## 10:30 P. M.

### Central Standard Time

WEBC—Duluth  
KSTP—St. Paul  
WREN—Kansas City  
WDAF—Kansas City  
WKY—Oklahoma City  
WFAA—Dallas  
WOAI—San Antonio  
KPRC—Houston  
KWK—St. Louis  
WTMJ—Milwaukee  
WMAQ—Chicago  
KYW—Chicago  
WHAS—Louisville  
WSM—Nashville

## 10:30 P. M.—Cont.

WMC—Memphis  
WSB—Atlanta  
WSMB—New Orleans  
WJDX—Jackson

## 9:30 P. M.

Mountain Standard Time  
KSL—Salt Lake City  
KOA—Denver

## 8:30 P. M.

Pacific Standard Time  
KOMO—Seattle  
KHQ—Spokane  
KGW—Portland  
KGO—Oakland  
KECA—Los Angeles

## PEPSODENT

### Typical Radio Continuity

"Are you one of those people who never go to your dentist until you get a toothache? Then listen to this warning from dental authorities. When toothache, trouble has reached an advanced stage. By that time probably decay has reached the nerve or pyorrhea has infected the gums. The only way to safeguard yourself against these serious troubles is to make a regular practice of seeing your dentist at least twice each year—and using Pepsodent tooth paste at least twice every day."

*Every night except Sunday*

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# ORAL HYGIENE

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## A JOURNAL FOR DENTISTS

Twentieth Year

APRIL, 1930

Volume 20, Number 4



Courtesy of Collier's  
and Walter Van Arsdale.

*Patient—"I warn you, I am liable to become  
violent under ether."*

# SUPPOSE *there were* ITINERANT E



## Editorial Note

AN ORAL HYGIENE reader tosses some roses to the dental trade and his arguments appear to be sound—though there may be those who wish to differ with him and of course the journal's pages are open to any reply likely to be of interest to the profession.

ORAL HYGIENE does not remember ever having printed an article of this character before, but sees no good reason for not printing this one now.

The profession takes the trade rather for granted but the latter is none-the-less an integral part of the complex organization into which the profession has evolved.

Modern demands evolved the present-day dental laboratory, for example, and the dental hygienist and the dental assistant. Similarly the present-day dental supply dealer was evolved—out of the necessity for having others do some of the things which the old-time dentist was obliged to do for himself.

**H**OW would you like to practice dentistry as it was in the good old days that some of the old-timers like to talk about?

Take your complete equipment in a bag to the home of your patient. A rocker set in a tub for an operating chair. Practice limited almost entirely to treating toothache, and extracting. Occasionally a full denture, or maybe two. And the joy of selecting the teeth for those occasional plates!

The only available stock of teeth usually kept as a side-line by a druggist or jeweler. Laboriously selecting them one by one from an indiscriminate lot of odds-and-ends. Not much choice of moulds or shades. Rather unusual to be able to select fourteen teeth corresponding in shape and color.

The old-timer says they were the Good Old Days. They were. One could acquire a complete dental education in one or two years in one of the

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# DENTISTS

—nowadays



few dental colleges then existing. Or perhaps still more easily as an apprentice to a dentist. No such things as licenses to worry about—the only prerequisites being a pair of forceps, and the strength to wield them. Barbers frequently added tooth pulling to the other services they rendered the public. No physician's kit was complete without a pair of forceps.



Dental services were very cheap in the good old days. *Value* of the service regulated that. Modest demands of the practitioner made it possible. His complete equipment was procured for a few dollars. It was not necessary for him to spend thousands of dollars in

time and money to qualify as a dentist. Usually he had no office rent to pay — headquarters at home, and office wherever he

happened to be. Life was simple. Demands of the times were simple. The practice of dentistry was *very* simple. Nobody ever sought a dentist's services except when in distress.

Contrast all that with present-day conditions. Everything has advanced—including dentistry. But at a price. First comes the necessity for retiring from remunerative pursuits for at least five years while acquiring a rudimentary knowledge of the profession. That time is worth a lot of money. Then an office must be equipped—with



all the equipment, instruments and materials essential to any service necessary to relieve or correct any oral condition. One must learn to live very modestly for a time until people become aware of one's existence, and acquire confidence.

The dentist of today is practicing preventive dentistry. He is primarily interested in preventing tooth ailments so that future corrections may not be necessary. He does not serve his clientele for the schedule of fees that existed in the good old days. He cannot, unless he has other income, and is practicing for the pleasure of it. He has overhead to pay—rent, telephone, gas and electricity, supply and laboratory bills; probably salary to an assistant, interest on the amount invested in education and equipment, salary to himself for his services—some profit on his operations.

He is entitled to better fees, for he renders a greater service. He does more for mankind than was thought possible in the good old days. His is second to no other profession in promoting the health of the nation. He has advanced with the times.

Now what part has the dental industry had in the advancement of dentistry? Some people in the industry like to claim credit for making this progress possible—rather an ambitious claim.

It may be true to fact, and on the other hand it may not be.

It is not necessary that the question be settled here. It is believed, however, that no dentist will claim that the industry has retarded the progress of the profession.

From one or two dental manufacturers, whose limited production was marketed as a side-line by jewelers and druggists, the industry has grown to the point where millions of dollars are invested in the manufacture and distribution of dental supplies and equipment.

Ninety-nine per cent of the dentists in this country are no further away from a complete stock of everything they require than over-night mail. That old bugaboo of having to waste valuable time in selecting teeth or other commodities is a thing of the past.

Dental merchandising is now a highly specialized line of business, catering to none but the dental profession. Convenient quarters are provided. Millions of dollars are invested in complete stocks of every known article a dentist may require. Some of these things may be called for only once or twice a year, but they must be in stock. The dentist cannot afford to wait. A complete stock, for example, of the several classes and many moulds and shades of teeth so the dentist may have readily available any particular kind of tooth that may be urgently required—and it may be only one 50 cent tooth.

Accountants must be employed, and capital provided for

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carrying accounts. The convenience of charge accounts is just one of the numerous forms of service that must be provided for the dentist. The dealer's entire service is not just selling goods. He must be prepared to furnish a handpiece while yours is being repaired. He must give freely of his time and knowledge in helping you to devise a convenient and economical office lay-out. Or help find a location when you begin practice, or move your office.

He must be prepared to discontinue all other activities temporarily, if such be necessary, while accomplishing immediate delivery of a tank of oxygen that may be required to save a human life—in many cases the cost of delivery being many times the profit earned.

He must be prepared to keep your equipment in proper operating condition. Time is your only income-producer, and you cannot afford to waste any of it. In fact he must be, and usually is, prepared at any time to render you any service you may require of him. He may appropriately be considered as your first assistant.

In recent years there has come into the picture a third person . . . the itinerant peddler. He who, in the vernacular of the trade, is termed a "carpet bagger." It is somewhat of a reversal of the process in the progress of the profession.

First came the itinerant dentist with his modest stock-in-trade, and then you.

First came the established dental dealer, and *then* this itinerant merchant with his modest stock-in-trade. He affects the dental industry in very much the same way as you would be affected by the itinerant dentist if he could be revived as an institution today.

The itinerant could perform no service for mankind that could not be more proficiently performed by you—although he could sell his services for much less. He could only skate along the edges. But, by his doing that, you would be deprived of opportunities properly to correct oral conditions for some misguided individuals who might be tempted by his offer of lower prices.

His sales argument would very likely be similar to that of the "carpet-bagger"—"Why pay Dr. Jones' extortionate fees when you can get just as good service from me, and much cheaper?" Just as good, probably, in the sense that a ten-dollar suit is just as good as one costing a hundred. The ten-dollar suit has just as many sleeves and pants-legs, and covers one just as completely as the other.

The manufacturers of standard dental merchandise spend untold thousands in experimentation and research, so that the wares they offer you may be the best that human ingenuity can produce. Nothing is too good

for use in the human mouth. And you cannot afford to experiment.

These same manufacturers zealously guard their reputations. One means usually adopted by most of them is to distribute their products through established, reputable dental dealers, who are prepared to render to you the complete service you require. The "carpet-bagger" is not interested in furnishing you everything you need. Just a few specialties, usually, that he can turn over frequently. He makes his profit by quick turn-over.

He is not interested in keeping a stock of thousands of dollars' worth of teeth so you can select the required crown or facing—nor a dozen kinds of alloy, or cement, so you may have some choice. He sells cheaper. He can afford to. He has no bookkeeping department. He usually collects when he sells, or on the next trip. He has no rent to pay, for his stock of goods is usually in his grip—no service of any kind. You just *buy his merchandise*. Usually that is all that interests him. But, the question is, does he perform a real service to the dental profession? Would you be discommoded in the slightest degree if every "carpet-bagger" were to pass out of the dental picture?

The itinerant dentist of the good old days has passed out and the world has not missed him. Something better has taken his place. But, if all of

you were to cease to function, the story would be different—very different. By the same token, every dental "carpet-bagger" could vanish without depriving you of a single thing required in your practice. But, where would you be if every dental depot should close, and the "carpet-bagger" were your only source of supply?

It is quite true that without dentists there would be no reason for dental dealers. On the other hand, if it were not for the high-class dental merchandise furnished through the reputable dental dealers by the standard manufacturers they represent, and the manifold services available to you only through these same dental dealers, the job you have undertaken would not be quite so pleasant as it is today. And possibly not quite so profitable.

The price you pay for a railroad ticket is not intended to cover just the cost of a piece of printed cardboard. It covers a service to which that printed card entitles you. The assurance of comfort and safety are included in the price.

The price you pay a dental dealer for an ounce of standard alloy—for example—is not intended to cover just the value of the silver and zinc there is in it, nor even the cost of properly blending and grinding them into such condition as to be readily adaptable for your use. The reputation of the manufacturer who produces and the

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dealer who sells you the alloy is your assurance that it is as nearly perfect as it is possible for mere humans to make it. You do not have to be reassured that it is "just as good". You know. And that is worth *something*.



## DENTAL MEETING DATES



Joint meeting Harvard Dental Alumni Association and Harvard Odontological Society, Harvard University Dental School, April 4th.

American Society of Orthodontists, Nashville, Tenn., April 8th to 11th, inclusive.

Alabama Dental Association, Montgomery, Ala., April 15th to 17th, inclusive.

Connecticut State Dental Association, Stamford, Conn., April 22nd to 24th, inclusive.

Connecticut Dental Hygienists' Association, Stamford, Conn., April 23rd to 24th, inclusive.

North Dakota State Dental Association, Bismark, N. D., April 29th to May 1st, inclusive.

New Jersey State Dental Society, Asbury Park, N. J., April 30th to May 2nd, inclusive.

North Carolina Dental Society, Asheville, May 5th to 8th, inclusive.

Massachusetts Dental Society, Boston, Mass., May 5th to 9th, inclusive.

Virginia State Dental Association, Richmond, Va., May 12th to 14th, inclusive.

Dental Society of the State of New York, New York City, May 12th to 16th, inclusive.

Indiana State Dental Association Meeting, Indianapolis, Ind., May 19th to 21st, inclusive.

Texas State Dental Society, Fort Worth, Tex., May 20th to 23rd, inclusive.

American Academy of Periodontology, Colorado Springs, Colorado, July 17th to 19th, inclusive.

American Dental Association, Denver, Colo., July 21st to 25th, inclusive.

# Is the New York Mechanics' Law a Challenge to the Dental Profession?

By Alfred J. Asgis, D. D. S., New York City



**I**N the September issue of ORAL HYGIENE, Dr. McGee directs our attention editorially to "Another Examining Board" wherein he discusses the 1929 "Master Dental Technician Act" of the State of New York. Those who are not familiar with the history of the "how" and "why" of this law and there are quite a considerable number of practitioners in New York State who are still not aware of the existence of such a law and the sudden desire of dental laboratory technicians to be "examined," will find the issue fairly well presented in the September editorial. If it were merely a matter that "the laboratory men want to be examined,"

then little could be said against their ambitions in this direction. All would seem well on the mechanics' side; but is there also a dental side to the story?

It is the *other side* behind the "dental laboratory technicians" movement that concerns all of us! It is a most vital problem that concerns not only the practitioners of the State of New York but one which affects the profession throughout the country. The New York law is merely a "symptom," a first manifestation of the inner workings behind the movement. It is also a sign of what is to follow if this challenge, made by the mechanics in the State of New York, is not met with a united organized resistance on

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the part of the *whole profession*. The dental side of the New York mechanics' law that we should focus our attention on, is clearly presented in the editorial:

If, however, this new departure has in the offing an expectation of eventually legalizing impression-taking by the technician, so that there will be an easy entrance to prosthodontia, then I am dead against it.

Those of us who witnessed some of the recent developments, no longer ask IF. Even now, when the present law is doomed as it stands on the statute books—and *the mechanics know that*—we had occasion to hear "threats," made by mechanics (of course, in moments of passion), that it might be "wiser" and "better policy" for the profession to accept the fact of mechanics' legislation. Legislation of any kind.

I have information, from a reliable source, that upon inquiry made—at the Attorney General's office of the State of New York—it was disclosed that the law, in its present form is inoperable. The \$20,000 will, therefore, not be appropriated for the Mechanics' Board. What may the profession expect in the future, when the *legalized* master dental technicians' "profession" will demand another stretch in the law in one or another direction? As matters stand today, considering that "money was flowing freely" to put this law over; realizing as we must that the dental profession of the State was altogether unprepared for this; that the

whole episode was not altogether above-board—there is only one thing left for the profession to do, and that is, to answer the mechanics' challenge with the immediate demand for the unqualified repeal of the law.

By offering this suggestion to the profession we are not carried away by passion. We grant that in the dental laboratory industry, like in the dental profession, the mistakes of *some* of the leaders, wire pullers, job hunters, opportunists, commercial patriots, etc., are not uncommon, and must not be laid at the door of the entire laboratory trade or leadership. Among the laboratory men we find a majority of well meaning and serious minded persons and the profession should look to *them* for a settlement of this question. The dental profession of the State is ready, and always has been ready, to co-operate with the majority of laboratory industry for the common good. With this in view, the joint committee has met to discuss this question. *Regulation* of the dental laboratory industry, as a remedial agent for the "evils" in the industry, is acknowledged as a necessity. But such regulation can more effectively be carried out through certification by the dental profession than by "legislation," forced on dentistry.

It is well to bear in mind that in all these deliberations, the public welfare is of paramount importance and not the

immediate practical benefits to a group. The attempt to separate "prosthodontia" from dentistry, under the pretext of economic advantage, will meet with general disapproval for the public is now informed that it is in the *health* phase of prosthetic service that its usefulness lies. Prosthesis no matter how mechanically and esthetically perfect, is less than useless unless the dentist looks after its *oral health* service.

The following plan proposed by the New York Society of Stomatology contains some features which have also found favor with representatives of the Allied Dental Council. The State Society will act according to the wish of the profession of the State and in accord with the interests of all concerned. There is, therefore, need for nation-wide discussion and general expression of opinion on this issue of the moment:

1. The New York Society of Stomatology is opposed to any form of legislation for the dental laboratories or dental laboratory technicians, at the present time.

2. The New York Society of Stomatology is in favor of the repeal of the 1929 Dental Technician Act, without reservation.

3. We are in favor of "regulation" of the dental laboratory industry, such regulation to be supervised by the dental profession, representing the various interests in the dental profession.

4. We recommend a joint committee to be appointed by representatives of various interests in the profession and the dental laboratory industry to study the problems involved. The committee is to outline a program to be presented to

the profession as a whole for discussion and comment.

5. No official action should be taken on the matter of "regulation" of the dental laboratory industry by either the dental profession or the trade until 1932.

6. We believe that any legal status, under any form whatsoever, at the present time, is detrimental to the unity of the dental profession scientifically, professionally, and economically. No legal status should be conferred either upon the dental laboratory industry or the dental laboratory technician as long as the status of the dental practitioner as a specializing physician (a specialist in a branch of medical practice) of the oral cavity, is not definitely established.

Those in the profession who still consider the matter of secondary import, who believe that little attention should be paid to another "false alarm" or those who think that it is making a mountain out of a mole hill, will do well to look to Germany, where the present generation of practitioners must pay the penalty for the *past mistakes* of the dental profession.

How about the lesson in England? Can we not learn from the conflict between dentists and mechanics which is now taking place in Austria, Hungary, Czecho-Slovakia and other countries the danger this type of legislation entails? Let us benefit from the experiences of others and let us make our step—a step that marks a new era in dentistry—very cautiously.

But we need not to go to other countries. Let us look

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about and examine our own conditions and act accordingly. Is the time ripe for the creation of another type of dental practitioner, when we realize the prevailing chaos in our ranks and the splitting of the profession, inch by inch? We must not forget one more element concerned in this move, namely the public. Is it safe, at the present time, to introduce to an already confused public, a new type of "dentist," a special worker in "prosthodontia" as was the case with "dental hygiene"?

If those leaders of the dental mechanics who dominated, controlled and directed the activities in this undertaking against the good judgment of their followers by resorting to means which are resented by the rank and file of dental practitioners, what is it that *now* stops them from putting the law into operation? Do these same gentlemen fear that their own colleagues are getting wise to the futility of the promises of "making the dentists come to terms?" Is this the reason why the fronts have changed and any kind of legislation will be in order to make good their promises? The profession is fully cognizant of these "tricks" to exact a modified law from us under false pretenses. The only way to erase and eradicate this misstep and hasty action is for the rank and file of the dental laboratory technicians to see to it that the law is repealed, and

have their interests entrusted to reliable and responsible representatives.

Dental service—in all its phases—belongs to dentistry and any and all regulations of the assisting crafts and industries must come under its supervision. The recent recommendation on the part of some leading mechanics to transfer the supervision and operation of mechanics' legislation from the "education department" to that of the "Dental Examining Board" is an indication that common sense is about to prevail. Whatever the "secret ambitions" of some mechanics may be, it is well for all to bear in mind that prosthodontia belongs to dentistry and its separation from the dental profession by means of "legislation" is no more feasible than is the separation of the mouth from the body by "proclamation."

*"There must be no breaking away of sections of dentistry."*  
—MCGEE.

The dental mechanics are beginning to realize that the "evils" in the laboratory industry will not be remedied by licensing dental laboratory technicians. The laboratory owners are beginning to see that legalizing their *help*, even as "master" dental technicians, will not serve any special purpose in improving the conditions in the laboratories. The "evils" of each group of interests, although interrelated, need separate and distinct treatment.



LEGISLATION will help neither.

REGULATION will help both.

CO-OPERATION between the profession and the industry is the first prerequisite for the effectiveness of any plan of regulation.

REGULATION THROUGH LEGISLATION or REGULATION THROUGH CERTIFICATION by the dental profession is an issue that can be decided only by the approval and decision of the rank and file of the dental profession. I am confident that it will not be necessary for the profession of the State of New York to do what the practitioners in the District of Columbia and elsewhere have done to make the laboratories see the light.

The "effects" of the activities of the new type of dental practitioner, if the master dental technician is created, will be felt by the profession not only in the State of New York but everywhere. The dental profession is still in power to uproot this evil by immediate and concerted action, starting at once an educational campaign among dentists and laboratory technicians. This responsibility rests with every member of the dental profession. I am sure that ORAL HYGIENE will at this time, like on all former occasions, serve us as a medium of expression.

Will the dental profession answer the dental mechanics challenge?

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## Dentists and Physicians Meet

In order to promote closer relationship between the two professions of dentistry and medicine, the Second District Branch of the Dental Society of New York and the Medical Societies of Kings and Queens Counties, held a joint meeting in New York City during the afternoon and evening of March 10th, 1930.

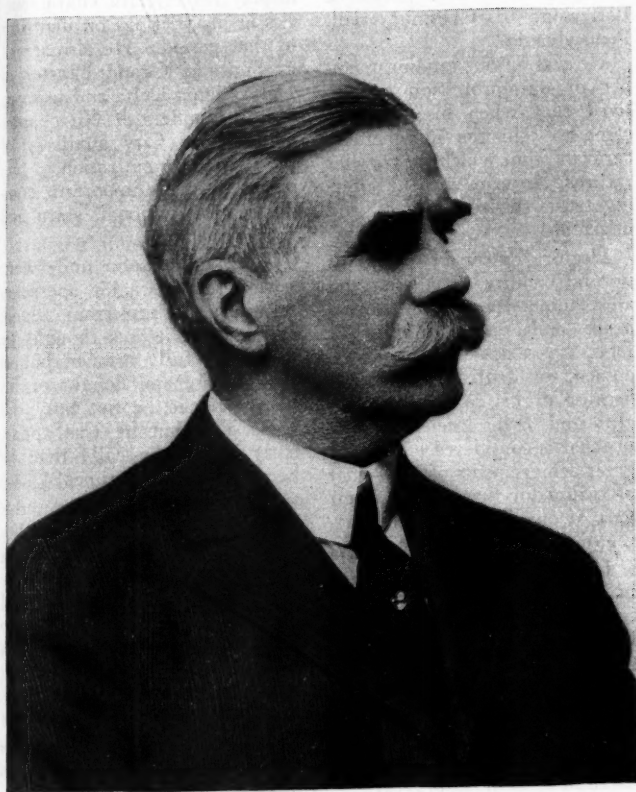
Prominent dentists and physicians from various parts of the country spoke during the afternoon and in the evening a discussion was held on the subject of "Oral Conditions and General Health." Dr. Boyd S. Gardner, Chief Dental Surgeon of the Mayo Clinic expressed the dentists' viewpoint and Dr. Joel T. Boone, Physician to the White House, gave the physicians' impression of the subject. The discussions of both papers were made by Dr. Horace M. Davis of the Baltimore College of Dentistry and by Emanuel Lipman, Consulting Physician, Mount Sinai Hospital, New York City.

The effect of such a co-operative movement upon the practice of Dentistry and Medicine, both in this country and throughout the world, will undoubtedly be most profound and far-reaching and will benefit the public through the better service each of the professions will be able to render.

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## A Tribute



*John Deans Patterson*  
1848-1930

**J**OHN DEANS PATTERSON, gentleman and scholar, was born in Ashland County, Ohio, on the ninth of February, 1848. He died in Kansas City, Missouri, on the twelfth of January, 1930, at the age of

eighty-two. His wife, Carrie Patterson, who before her marriage was Miss Carrie Cooper of Philadelphia, died in 1904. They had no children. Doctor Patterson had several sisters and brothers but the only sur-

vivors are Joseph Patterson, of Ashland, Ohio, and James L. Patterson, of Chestnut Hill, Pennsylvania.

He was an outstanding member of our profession and so lived that when his summons came to join the innumerable caravan from which no traveler returns, he went with unfaltering trust, spiritually erect, and unafraid.

Doctor Patterson with his natural ability, studious and alert mind trained to concentrate and retain worthwhile facts, was a power in the development of dentistry, primarily because of his forceful personality and of his intense interest in what is considered one of the great achievements of life—that of caring for that all-important part of our physical well-being, the oral cavity.

He started to study dentistry in Savannah, Ohio, under a preceptor and practiced there and in Mansfield, Ohio. He migrated to Lawrence, Kansas, where he maintained an office until 1884 when he moved to Kansas City, where he thought he could enlarge his sphere of usefulness, as it so proved.

In addition to holding many other positions of honor and trust, he was president of both the Missouri and Kansas State Societies and the American Dental Association. He was one of the organizers of Kansas City Dental College of which he served as Dean for a number of years and was the first editor of *The Western Dental Journal*,

where he had an opportunity to display his forceful characteristics in his writings on dentistry of that period. He also served as Supreme Grand Master of Delta Sigma Delta and was one of the founders of Nu chapter and Kansas City auxiliary of the same organization. He served on many important committees for national, state and local societies.

Doctor Patterson underwent a very serious major operation several years ago from which, at the time, it was thought he might not fully recover, but to the surprise and delight of his many friends he not only did come back but he was apparently better physically than he had been for some time.

The unusual thing about this remarkable man was his ability to practice his profession to the very end of his auspicious career and while of late years he did not keep long hours he went to his office every day—and with a gracious smile for those with whom he came in contact.

Doctor Patterson was of Scotch ancestry of which he was very proud and he was what is often called a self-made man. Always an imposing figure, in any gathering he attracted attention on account of his stature and striking appearance and when he talked he commanded and retained the attention of his listeners—because of his sincerity and because he always said something worth while. His English was unexcelled, his enunciation perfect and there

was no doubt on which side of a question he stood when speaking. He nearly always ended an address by quoting from some well-known author with something appropriate as a fitting climax.

He was a great reader and was able to discuss intelligently almost any subject. He also was a lover of music and of the arts and a singer of some ability.

Many distinguished men are lovers of the great out-doors. Doctor Patterson was no exception to this rule and in his younger days a dog and gun afforded him the greatest pleasure and relaxation from what had always been a busy and useful life. In his later years he turned from the more strenuous pursuit of the hunter to that of casting for the elusive fish and, as was typical of all his undertakings, he did this well and liked it immensely.

Doctor Patterson impressed those who did not know him well as a rather severe person, hard to approach, but underneath that exterior there was a kindly heart that beat softly

and rhythmically for all with whom he came into intimate association.

Dentistry and humanity has lost a real friend in "Pat" as he was known to his intimates—and it will be a long time, if ever, before we can get away from feeling lonesome at our gatherings where he was always in evidence.

Life is such a fleeting thing and we are all so busy with our own affairs that it takes a jolt like the passing of our friend to make us realize that perhaps we sometimes live too much unto ourselves and, to our great sorrow, we come to the oft-repeated tale of the friend just around the corner that we are always going to call upon but put off doing so, until one day a message is received that the end has come and then it is too late.

What tragedy these two words "too late," often convey.

So now passes a true and tried friend, a benefactor of dentistry and of humanity.

—DON MOSHER.

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## The American Board of Orthodontia

A meeting of the American Board of Orthodontia will be held at the Noel Hotel, Nashville, Tennessee, on April 7, 1930, beginning at 9 a. m.

Those orthodontists who desire to qualify for a certificate from the Board as outlined in the article entitled, "The American Board of Orthodontia," page 50, January number of the *International Journal of Orthodontia, Oral Surgery and Radiography*, may receive full information and application form from Dr. B. Frank Gray, Secretary, 209 Post Street, San Francisco, California.

# Habit Trauma

By Ira Jerome Coe, D. D. S., Syracuse, N. Y.

THE health of any part of the body is dependent upon the functional use or exercise of that part, and as we all know exercise is twofold: first, contraction or pressure and, second, relaxation or release. *Too* much tension and too little relaxation is very injurious as is also, too much relaxation and too little tension. Probably the ideal balance is seldom realized, though much may be accomplished by careful consideration and thoughtful application of well-known principles of waste and repair. Pressure and release builds. Pressure without release tears down.

In many cases of periodontoclasia, after the occlusion has been balanced by grinding, it is often found necessary to get rid of a habit trauma in order to secure the best results. Habit trauma is produced by the closure of the teeth of the opposing jaws, with constant pressure for sufficient length of time to cause injury to the supporting structure of the teeth. The pressure may be exerted in lateral, protrusive or centric occlusion. It may involve almost any number of teeth; from one to practically the whole complement of teeth present in the mouth.

The patient is seldom aware of the existence of the habit, and it is usually very difficult to convince him of the fact. This habit is induced by two general

etiological factors: first, a more or less severe congestion of the gingiva or pericementum, and second, a nervous or high-tension accompaniment to heavy mental concentration. A young child will often protrude the tongue while very intent upon drawing or writing, while an adult will often close the teeth with a sufficient force and for a long enough time to cause interference with the circulation in the area of pressure or on the side of the root where there exists complete lack of exercise.

Pressure prolonged beyond a certain limit of time is injurious to any part, as noted in cases of bed-sores and weak arches. Standing still is more conducive to fallen arches than walking.

Immediately after balancing the occlusion by grinding is the best time to prove to the patient that he has formed this habit. He will usually say that he is positive that he never does hold the teeth together for any length of time. Of course, it is natural that he should not know about it, as it is only during periods of great stress or mental effort that the pressure is produced.

One patient, who was so very positive in denying the possibility of the existence of any such habit, came back after the grinding appointment to say that he could concentrate with great difficulty, because he could not "get braced for it on that tooth."

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It is also at this time that the patient will overcome the habit with the least difficulty. He might go on almost indefinitely without catching himself in the act of holding his teeth together, but, the grinding of the teeth produces a new strange feeling on closure which will be more likely to register with the patient's mind. When he is once convinced that he does have the habit, then he should be instructed that his fight to rid himself will succeed only as he approaches it from a positive angle. That is, he should say to himself: "*Hold those teeth apart—slightly, but definitely apart; lips closed with teeth apart;—separated—absolutely separated.*" If he waits for the closure to come, if he watches for that as a signal to start doing something about it, he will not succeed very well. In fact, it is generally very difficult for the patient to change from a habit of forced closure to one of forced separation. This does not mean that the jaws should not be closed with force, but, that the pressure should not be maintained for any considerable length of time. Heavy biting is, in fact, essential to a really healthy mouth. We have all seen cases where one tooth has for years done all the biting and chewing for an apparently vigorous, healthy mouth. While this tooth is sure to show extreme abrasion, if there has been no habit trauma, the alveolus will be several times more densely laminated than normal

and the gingiva will be firm and light pink in color.

It is regrettable that we have in the past spent so much time hunting for *the* cause of pyorrhea, when we should be, and now are, willing to see that there are a great number of predisposing causes or tendencies which are likely to, or may produce periodontoclasia in some form. So we are not suggesting habit trauma as the one important consideration, but, we do believe that it is one of the most important and one of the most difficult to control.

Intelligent and faithful cooperation of the patient is absolutely necessary to obtain results. Then, too, after success has been attained, the patient may very easily slip back into the old habit again, so that the good accomplished will be undone. On the other hand, it is surprising to note how completely and permanently, in a great many cases, the new habit supplants the old.

Much may be done to prevent a recurrence by simply paying strict attention to oral toilet and mechanical stimulation by pressure upon the teeth and gingiva. The pressure should be exerted so as to strike the gums in the same direction as that of a large bolus of food, such as biting into an apple. Alternate pressure and release should be continued long enough to produce a glowing sensation about all of the teeth, and this should be done, at least, twice daily. While the properly constructed tooth brush

is probably ideal and produces sufficient massage for the case left without much gum recession, the case presenting pocket scars or greatly depressed areas

of gum contour, may require great resourcefulness and adaptability to devise ways and means of getting the desired result.

## Preventive Dentistry In Philadelphia

Medical science has long been aware of the close relationship between defective, neglected and unhygienic mouth conditions and ill health. Hence the conviction of the Philadelphia Mouth Hygiene Association that its paramount duty was to apply preventive methods at the very beginning, and its traveling dental clinic is its first step in this direction. Its completely equipped motor-car, with a skilled dentist and hygienist, will commence its rounds of the day nurseries, homes for children, settlement houses, etc., giving free treatment to the youngsters and at the same time carrying on its educational campaign. This work has been made possible by an initial contribution by friends of the association of \$17,000 for the car and a guarantee of \$20,000 a year to insure the permanence of the undertaking.

Philadelphia will thus have its first dental clinic on wheels for children, the need for which was emphasized by the revelations of the recent hospital survey, one detail of which was that out of 8500 elementary school children examined, ninety-eight per cent were found to have neglected teeth. The present plan is to give needed dental care to about 10,000 school children; but the ultimate goal of the association is the erection in Philadelphia of a dental infirmary for children. To build, equip and endow such an institution with its necessary branches will cost \$4,500,000. That such a project is not chimerical is proved by the recent Guggenheim benefaction for the same purposes in New York and the George Eastman dental infirmaries in Rochester, London and Rome. It is a movement of the highest importance in the interests of public health and deserves support and encouragement.—*Philadelphia Public Ledger*.

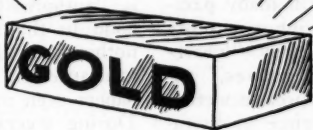


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## ▼ RACKETS ▼



*Just why professional men should be more susceptible to the petty rackets of those who like to obtain a living without working, is something that we cannot understand. Maybe they are not but the racketeers think so and try to fool them often enough. This article by Frank W. Brock will tell you about some of the shady deals that never seem to grow old. It makes interesting reading, too.*

**P**ROFESSIONAL men are legitimate game for the petty racketeers who are constantly devising new schemes for coaxing unwary dollars from the pockets of the rightful owners. Dentists and physicians are usually good losers. Lawyers are provided with ready weap-

ons for fighting these small-timers although at the moment a group of fast workers in New York are putting one over on the legal fraternity and—as Broadway expresses it—making them like it. But you wouldn't be interested in that.

An old swindle which has been adapted to modern conditions has been made possible and profitable through the new automobile liability laws recently made effective in New Jersey and New York. This is the fake automobile "association" which is giving the legitimate automobile clubs some worry and is costing the uninformed owner many thousands of dollars, in the aggregate.

The new laws hold an automobile owner financially responsible for accidents caused by his car. Failure to pay a judgment resulting from an accident brings about the suspension of the owner's license until the judgment has been

satisfied. Liability insurance is, of course, the most simple preventive and the swindler builds his racket on this foundation.

The salesman for the company, his brief-case loaded with contracts, accident forms, "authorizations" for bail bonds and other literature all done in the best legal style embellished with big red seals, with many paragraphs of fine print generously sprinkled with many "wherefores" and "whereases," approaches his prospective victim. One important piece of literature which he immediately proceeds to misinterpret has "\$5,000" printed in large black type in a conspicuous place.

What the salesman tells his prospect about the new statutes would make any law student weep, but John Citizen isn't a law student. He's paying some finance company \$56.70 a month on his new Chevy and he has heard vaguely about the new law but he doesn't know what it is all about. His ignorance of its provisions betrays him and he then learns to his astonishment that he can obtain "two years' protection for \$29.75." The salesman reads portions of the fine print contract to him and these are so skillfully worded that they seem to bear out his representations; he shows him the "\$5,000" in

heavy black type, stuffs a few accident report blanks in his hand and John Citizen signs on the line at the same time giving the salesman a check for this "protection."

What protection has he bought? If he reads his documents carefully he finds that his precious \$5,000 parchment is "authorization" for a bail bond in that amount and has nothing to do with liability insurance. In fact, none of the papers even mention insurance. During several years of investigating I have never learned exactly what that "authorization" really means. No surety company representative will issue a bond on the strength of it. It isn't, in itself, a bond, and so far as I can learn it isn't anything at all—except a part of the scenery. There's no nourishment in scenery—and no protection either.

The contract proper provides for "free towing" under certain conditions. The company agrees to reimburse you to the extent of \$5.00 every six months, if you will send them the bill for towing.

The contract entitles you to buy tires and other accessories at certain designated places at 10 per cent off "list"—or you can go around the corner and pay less for the same merchan-



dise without the bother of figuring a discount.

The contract grants other privileges, all of which are equally valueless. Oh yes, they do give you an emblem for your radiator, but this is good advertising for them, but after all it is just another racket. The misrepresentations are all made verbally by the salesman and are most difficult to prove in court. *Caveat emptor!*

\* \* \*

Here's one they've tried on many dentists. Did you ever hear of "Pawnee Bill" or "Necktie Tyler"? No matter. They, and numerous others, worked the "unordered merchandise" racket—but no longer. The postal authorities stopped that.

Did you ever receive in the mail a package of knitted neckties too cheap to be sold by Woolworth, with a request to remit a dollar or more to some poor cripple or blind man? And did you, or did you not return the merchandise? It wouldn't have been so bad if the cripple or blind man had really got your dollar but I have yet to find an instance where he did. Suppose I brief one case for you.

The "Blind Partners" address was 440 Broadway, New York City. They were mailing

thousands of packages of neckwear a month to all parts of the country, three ties for \$1.00. Manuel Suarez and John Joseph Allen, both blind, were the ostensible "Blind Partners" but behind these two unfortunates was a silent but far-seeing individual named Joseph Hecht, who operated a necktie knitting mill in New York. Joseph paid Manuel and John Joseph from \$12 to \$15 a week for the use of their names and photographs, and to make the thing seem more realistic they were required to help seal and stamp the packages. Pathetic letters signed with a rubber stamp signature of Manuel and John Joseph accompanied each package of neckwear and on the letterhead was a halftone cut of the "Blind Partners." These letters made the request for the dollar—or more.

The end of this blind partnership came one afternoon at my desk in the presence of a postoffice inspector. "Blind Partners" was formally dissolved then and there and Joseph Hecht signed a statement that he would never again engage in an enterprise of this kind. He also agreed to pay up some salaries which were in arrears.

If you ever receive merchandise of this kind through the mail—unordered—you need not



return it even though postage is enclosed for the purpose. If you use it, you are in duty bound to pay for it, but you need not use it. It is incumbent on the sender of the package to call or send some person for the merchandise. If this is not done within a reasonable length of time it can be consigned to the ash-can or any other convenient and appropriate receptacle. If you do remit you will probably find yourself on another sucker list.

\* \* \*

Another "unordered merchandise" scheme, harder to detect because of its despicable nature, appears spasmodically.

Selling merchandise to the dead would not, on its face, appear to be a profitable business, but sometimes it is.

The Criterion Bible Company had an office at 1472 Broadway, New York. This company clipped from the obituary columns of the daily papers the names and addresses of persons recently deceased. To these names they mailed a small bible and a letter which re-

quested a check or money order for \$1.98 by return mail. It was the theory of these contemptible swindlers that the relatives of the departed would retain and pay for the bible under the belief that it had been ordered by the addressee.

These fellows didn't even wait to greet the postoffice inspector who called on them at our request.

\* \* \*

The theft of a sum less than \$100 is termed petit or "petty" larceny. The man who will stoop to rob the dead of \$1.98 isn't very finicky about how he gets the money and he is one of the pettiest of the petit larceneers.

He will turn up next week with a new racket which may require your signature and many a man has found his signature attached to some queer document which he is willing to swear he never signed. But he did sign it, so we of the Better Business Bureaus are emphasizing this simple precept:

**READ BEFORE YOU SIGN.**



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# *The* ECONOMIC SIDE of PEDODONTIA

*By J. K. Wampler, D. D. S.*  
*Pittsburgh, Pa.*



## **The Psychology of Child Management**

**T**HE child comes into the world equipped with a tremendous capital of mental qualifications, inherited through generations. We call this inheritance by many names: instinct, intuition, intelligence, but whatever we call it, it represents the total material that the parents, teachers, etc., have to mould into a human personality. This inheritance may be

compared to the clay of the sculptor and whatever the final outcome may be depends upon the skill of the artist.

The new-born infant possesses only instinct but as it develops it steps from instinct to intuition or the consciousness of being alive. In the course of development, intelligence is acquired by reasoning and association with fellow man.

From the very beginning the child attempts to co-ordinate these various faculties and every encouragement should be given him. The person who is dealing with children should be tolerant with their mistakes—we have all made them—applaud their every step. We all thrive on applause and the child's behavior is going to thrive on the applause that you give him. If we treat the child as we would ourselves be treated we will come to understand him and to instill in him confidence which will make his management simple.

Phillips Brooks said that the future of the race marches forth on the feet of little children and we might indeed paraphrase this to read, "the future of the race marches forth on the teeth of little children."

### The Parent

In dealing with the child in the operating room it is practically impossible to be firm and positive when the parent is there, without being misunderstood as to your intentions. So long as the parent is present in

the same room the child is going to look to her for sympathy.

It must be borne in mind that the dentist must have both the parent's and patient's co-operation if his work is to be done satisfactorily and as expeditiously as possible. The child is frequently forearmed against the dental chair if he has had a previous unpleasant dental experience. It is also not uncommon that paternal conversation and the tragic attitude portrayed by the parents' experience has frightened the child or led him to expect an unpleasant experience. Hence at the first visit the dentist may have serious obstacles to overcome.

It is a fact that the environment of the dental office, being a strange one, interests or alarms the youngster so that a definite line of procedure will be necessary to educate the child to the office, let alone the dental treatment. In every case education or readjustment will be necessary if the work is to be done well, the child's co-operation gained, with a willingness to return and the parent's complete satisfaction. This is a large order but it is not impossible.

### The Playroom

In order to achieve this state of affairs several things must be taken into consideration. The environment should be simple, hygienic and as attractive as possible from the standpoint of the child. A few well-chosen toys will help a great deal but

only a few. If the playroom is too attractive the child will refuse to be taken away from the scene of this amusement.

Again the child must be given time to accustom himself to the strange surroundings. A young child is very much like a wild animal,—no one would expect to walk up to it, ask its name and expect an answer. However, that is exactly the first thing that happens when the average adult first meets a child. The result is most often a blank stare and complete negativism on the part of the child. To overcome this handicap is ordinarily easy, if the dentist and assistant act as if the child were not there and ignore him completely. He will feel free to look about, to examine the office and toys and especially to examine these strange people who have suddenly come upon his horizon. These few minutes may advantageously be used in getting the case history and other necessary data, as outlined in Part I of this series.

After the child has accustomed himself to the surroundings he will be much more amenable to friendly overtures and the suggestion of his entering the operating room. Granting that ten minutes' time has been consumed by this initial procedure, more time can be allowed if the parent knows that this additional time will be charged against the account.

The child is now invited into the operating room. If he refuses to go, screams and cries

or exhibits sign of temper tantrums, the dentist should at this point take the matter into his own hands, with the necessary explanation to the parent as to what he intends to do. *It is a question as to whether the child is going into the operating room on his own two feet or is carried.*

This idea must be carried out unfailingly for once the child is a victor in such a session he will continue to rebel on each successive visit. Statements not carried out should not be made. If he will not go voluntarily he is carried and placed in the chair and kept there gently but none the less firmly, until he realizes that he must stay there. At this point the dentist places his hand gently across the child's mouth to prevent the screaming frightening other patients in the reception room. With the aid of the assistant holding the child in the chair, the child is spoken to in a low tone, told what the intended procedure is, and it is explained that no harm will come to him and that he is only going to have his teeth counted.

The child will in most cases agree to the foregoing procedure. Examine the teeth as promised the child and do nothing more. If the child has agreed to all this we usually give him a booklet or other suitable souvenir of some kind. He is then ushered out to the playroom again.

A description is now given of the initial examination with an



explanation to the parent as to your customary procedure, that upon the next visit a complete examination with rays will be made.

### The Second Visit

If on the second visit there is a repetition of the child's misbehavior, the same disciplinary procedures are taken.

With the willing child it is wise to answer questions honestly, explaining the use of various instruments and if they are of interest to the child this will help a great deal in making him understand what is being done to him. With the child of five or six years of age or older, an appeal to him for help, on the part of the dentist, will often produce the best results, as most persons, young or old, like to share an activity rather than be only among those present. This is an appeal often ignored in homes, as well as in professional handling of the child.

### Educating the Child

A few general instructions are very helpful to the child and the operator as well, such as:

"Keep your hands on the arms of the chair."

"Put your head right here and we will make a place to fit it."

"Open your mouth real wide."

One of the first office procedures that the child should be taught is the manner of "spitting". A good bit of practice will enable the child to

understand the use of the basin, which will prevent messing up the office and save the child from embarrassment, which is important as well.

A running fire of "chatter" on the part of the dentist is amusing and interesting to the child. Among other things it serves as a distraction from the actual work going on. Praise generously given whenever the child co-operates is always good practice. A knowledge of the progress being made in the work should always be included for the child's benefit—"That one is all done," "Just one more, just a few more minutes and we won't use the airplane any more (with reference to the engine)."

Comments on the child himself are usually of interest,—pertaining to wearing apparel, hair and teeth—who does not like a compliment!

At no time should there be a suggestion that the treatment is going to be painful unless real pain is going to result. It is most unwise to say "This won't hurt" for then the child expects to be hurt and immediately reacts to the idea. In this branch of dentistry, as in any other, suggestion plays an important part in the child's mind and he responds to it. Positive suggestion is always preferable.

The length of time that the child is kept in the chair is an important item. He must remain long enough for work to be accomplished but to keep him too long precipitates a nervous

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condition that causes an unnecessary strain to the child. A fifteen to twenty-minute period of actual working time is usually a long enough period. The other few minutes of the actual thirty minutes may be used in play or instruction.

### The Parents' Attitude

Parents play an important part in the child's attitude toward the treatment. Many parents bewail the fact that the youngster must go to the dentist. They usually hate the idea for themselves and in such cases the paternal conversation prepares the child for some horror. If the parent is of the nagging, threatening type she should be excluded from the operating room at all times. As stated before, the parent is seldom allowed in the operating room, unless the child is very young and the parent's conversation is not about the work, or if she is not making appeals for the child or offering unnecessary sympathy. The parent should for the most part be ignored and the entire attention of the operator devoted to swift, accurate work and attention to the child. The parent will often suffer more than the child and the dentist's main handicap is the amount of parental education needed. Mothers often ask their children in our office, "Do you feel all right?", which is quite unnecessary and suggests to the child that it is not expected to be feeling all right.

The operator will have a

great deal of educational work to do in teaching the parent the desirability and necessity of having the deciduous teeth cared for as regularly as permanent teeth. Most parents are of the opinion that this work is unnecessary as these teeth come out sooner or later anyway.

Emphasis should be placed on the main reasons for filling children's teeth:

1. To prevent pain.
2. To prevent toxic conditions.
3. To prevent malocclusion.
4. To preserve a comfortable masticating machine.
5. To increase both the parent's and the child's pride and interest in a clean and healthy mouth.

### The Dentist's Obligation

The dentist is under heavy obligation to explain to the parent the importance to general health, of sound and well-cared-for teeth. Such topics as cleanliness of teeth and the entire mouth are common topics of discussion today but fully as important are the subjects of: the results of thumbsucking, proper exercise of the teeth and gums, the important element of diet in producing good teeth and the relation of the general health to good teeth.

### Problems of the Pedodontist

We find the pedodontist having to meet several questions not always common to the prac-

tice of dentistry with mature patients. Some of these are:

1. The winning of the child's co-operation.

2. The meeting with various problems which interfere with this co-operation such as real fear, temper tantrums, previous unpleasant experiences at the hands of other dentists and home experiences.

3. Equipping his office to facilitate these answers and choosing an assistant who will

co-operate with him to these ends with unfailing understanding and patience.

4. Establishing a technique of handling the children in the chair, quite apart from the actual work.

5. Cultivating an educational scheme which will make parents understand the importance of good teeth and a willingness to pay a fair fee to achieve that condition.

### Examination for Appointment to Dental Corps, U. S. Navy

A competitive examination for appointment to the Dental Corps of the United States Navy will begin June 9, 1930, at the U. S. Naval Medical School, Washington, D. C. Candidates must be citizens of the United States, between twenty-one and thirty-two years of age at the time of appointment, and graduates of recognized dental schools. The examination will be both theoretical and clinical and the usual duration is about seven days. A circular containing full information relative to the Dental Corps and the prescribed form of application may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C. No allowance is made for the expense of applicants appearing for examination.—C. E. RIGGS, *Surgeon-General, U. S. Navy.*

### Washington University Announces Internship

Washington University School of Dentistry will receive for consideration applications for the position of interne in Dr. George B. Winter's Exodontia Clinic, position open beginning August 1st, 1930.

Dr. L. G. McGinnis, who will have completed one year internship on August 1st in this Clinic, will be available for association with a graduate of Dr. Winter's post-graduate course. Dr. McGinnis is well qualified to do Dr. Winter's technic, having had 9 years' general practice and one year full time in Dr. Winter's Exodontia Clinic of this school.

If you are interested in the internship, or in having Dr. McGinnis become associated with you in your office, kindly write direct to this office for further particulars.—R. G. Fobes, D.D.S.



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# International Oral Hygiene



A reception to a visitor  
at BANGKOK, SIAM

*Translated and Briefed  
by Charles W. Barton*



## Canada

The sixth anniversary of the organization of the dental profession of Quebec was celebrated at a banquet in the Windsor Hotel, Montreal. Very notable speeches were delivered on the historical side of the profession and the hope was expressed that large amounts of money would shortly be spent in oral hygiene. Of the 140,000 attending school in Montreal 98 per cent had defective teeth. A board of dental hygiene was advocated.

\* \* \*

Dr. R. T. Washburn, head of the Alberta government traveling clinic, has reported on his work of which dentistry is a part. Dr. Hay-

cock, government dentist, and Dr. H. A. Gilchrist of the University of Alberta, made 4,273 dental examinations, put in 1,150 fillings and extracted 2,775 teeth.

*Dominion Dental Journal,*  
No. 12, 1929, and No. 1, 1930.

## Australia

An insistent plea that the dentist interest himself in his patients beyond the purely dental aspect is made by Dr. P. S. Messent, lecturer in general surgery to dental students at Adelaide University, in an excellent paper on the role of the dentist in the cancer campaign. In one year, says the author, the dentists of Adelaide must see many thousands of patients, and it is certain

that among these there will be some possessing malignant lesions of the face or mouth, for which they are not receiving treatment; if they can be persuaded by the dentist to secure early treatment, much good will result. Probably, the main factors accounting for the late stage at which these conditions are seen by surgeons are: 1, the prevalent opinion that cancer is a painful affliction, so that, they argue, a painless ulcer or bump cannot be a cancer; 2, the fear that the treatment will cause mutilation and deformity, or that it is seldom, if ever, successful. If the dentist can combat these ideas he will be doing much public good. Cancer is seldom painful until a late stage of the disease; operation, if performed early, and especially in cancer of the face, is frequently successful; by the aid of radium it is frequently possible to avoid mutilation (such as removal of the tongue). If there is any reasonable suspicion of malignancy it is wise to remove some of the affected tissue and examine it microscopically rather than wait until a positive diagnosis can be made from the clinical appearance, for by this time the opportunity of curing the condition may have passed.

*The Australian Journal of Dentistry*, Dec., 1929.

## Holland

The municipal authorities of Amsterdam have made plans to build up a system of school dentistry, during 1930 and 1931, which will be sufficient for the requirements of the whole community. In the year 1929 the establishment of two clinics had been envisaged, while 1930 will see the opening of three more, and 1931 an additional four, a total of eight school dental clinics.

\* \* \*

From the report of the school dental clinic in Zaandam which has been in operation since 1928, it appears that 850 children were given treatment, and that of these

788, or 92.7 per cent, now show healthy permanent teeth.

\* \* \*

In The Hague, school dentistry during the school year 1928-29 was carried out in two clinics. 5,477 children frequent the schools looked after by the one clinic, and of these 1,971 were given dental service, so that now a total of 4,713 children present healthy mouths and teeth. Of the 2,264 children attending the schools cared for by the other dental clinic, 2,159 have sound teeth.

*Tijdschrift Voor Tandheelkunde*, No. 12, 1929.

## Sweden

*Lunds Dagblad* announces under date of November 23, 1929, that the town council has proposed the establishment of a free school dental clinic in 1930. One dentist with the annual salary of 10,000 kroner, and an assistant with 1,800 kroner, will form the personnel of the clinic. For equipment and installation the sum of 8,515 kroner is taken into consideration, 900 kroner for annual supplies, and 225 kroner for management. The municipal authorities have okayed the proposal as made.

\* \* \*

In Sala, the year 1930 will see the opening of a free dental clinic for its public school, with an installation cost of 3,050 kroner and an expenditure of 3,500 kroner during 1930.

*Sveriges Tandlakare-Forbunds Tidning*, No. 6, 1929.

## Great Britain

Dr. J. Menzies Campbell, one of the most progressive dentists following the new orientation of dentistry and himself an author of note on the subject of nutrition in its relation to therapeutic and prophylactic odontology, reports one of his many interesting cases of pyorrhea in which nutritional correction has

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saved several teeth which had been considered doomed to extraction. The patient—his mouth in a deplorable condition and his body racked by what is labeled "rheumatism"—had been referred to Dr. Campbell for the extraction of the offending teeth. An examination induced the author to proceed in the only sane manner, i. e., the removal of bad dental work, the sanitation of the mouth and its hygienic care with the help of a lemon-water mouth wash, and the prescription of a *normal* (not "dietetic") nutritional program. Dr. Campbell, of course, consulted with the physician who had referred the patient to him and was fortunate enough to obtain his wholehearted approval and co-operation. Here is the result: On January 20 the patient presented for the first time, on November 14 "examination of his mouth revealed teeth firmly implanted in sockets, absence of pus pockets, no halitosis, no salivary calculus—the rheumatism, from which he had long suffered, was quite gone . . ." (italics are ours, C. W. B.) Dr. Campbell adds that "after a space of two years' duration, the patient's teeth and gums are in good condition and there is no trace of a recurrence of pyorrhea alveolaris."

*The Western Dental Bulletin,*  
No. 1, 1930.

## Siam

Nearly half of the Asiatics seen in Bangkok bear traces of gold on their teeth. This observation was made by Lieutenant-Colonel C. H. Forty, who says that there are as many dentists as there are barbers, and that is saying something in the Far East. There were plenty of barbers when Col. Forty first visited Bangkok, but one might have looked for a dentist in vain. The author recollects asking a Siamese doctor who, though 74 years old, possessed an entire and excellent outfit of natural teeth, how he had been able to preserve them. He

remarked that, beyond washing out his mouth after food, he did nothing; and he added that, as his teeth were some years younger than he was, he saw no reason why they should not last his lifetime. Col. Forty holds a combination of reasons responsible for the progressive decay of Siamese dentures. One may be the universal eating of polished rice, for hand-milled red rice is not to be bought in Bangkok. Another may be the increased consumption of imported food, such as sugar, white flour, biscuits and tinned milk. *Until milk was imported in tins, the Siamese never drank or made use of it in any form.* (Italics ours.) Children whose mothers were unable to feed them were brought up on rice water mixed with a special kind of banana fruit.

*The Dental Record, No. 1, 1930.*

## Poland

The number of people insured against sickness in the benevolent funds of Lodz increased 18 per cent in 1927, from 154,000 to 182,000. The daily average of sick amounted to 4,500, approximately 9 persons being examined every hour. 2,300,000 prescriptions were issued. In the clinics of these funds—besides those in factories—54 dentists were working during a total of 216 hours daily, carrying out 254,000 treatments. For every 1,000 insured there was spent 1.3 hours daily for dental service. Only 27 out of nearly 200,000 insured received help for the payment of prosthetic dentistry.

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Dr. Jan Ligeza has reported on the dental work done through the sickness insurance fund of Radom, from 1924 to 1929. During 3,870 working hours 20,570 consultations were given, an average of 5 patients per hour. Of the total number of treatments (14,495) more

than half, or 62.1 per cent consisted in extractions.

*Kronika Dentystyczna*,  
No. 9-10, 1929.

## Italy

In Triest the second showing of a popular motion picture on oral hygiene accompanied by a lecture by Professor Grandi has been received with the greatest possible applause. The film depicts the plight of a man with bad teeth as he is seated opposite a friend of the same age with excellent natural dentures, the one miserably refraining from eating and drinking the delicious foods which the other enjoys "with four grindstones"—as they say in Italy. Illustrations follow of mouth hygiene in children of wise mothers as against the absence of all notions of cleanliness in the offspring of ignorant mothers. The eruption periods of temporary and permanent teeth are then demonstrated, and the spectator accompanies the school dentist on his rounds of inspection and tooth brush drill. The ill effects of thumb-sucking are illustrated by examples of prognathism and proejenism. It is the intention of the dentists of Triest to schedule presentations of this motion picture extensively throughout dental and civic societies and clubs.

\* \* \*

In Naples the president of the local branch of the International Dental Federation has written to Prof. Orsi, in charge of public health, calling attention to the assiduous work done in other countries on behalf of oral hygiene, and asking that steps be taken to bring Naples into the front rank of progressive communities. The serv-

ices of the Neapolitan dentists are offered for the good of the people.

\* \* \*

*Il Popolo Di Monza* of December 14, 1929, reports that among eight popular lectures on hygiene to be given in community recreation center of Monza is included also one to be given by Dr. Bonsaglio on oral hygiene.

*La Stomatologia*, No. 1, 1930.

## Uruguay

The committee for the correct nutrition of the people has held, in the Palano Sarandi, its first exhibition. Among the numerous exhibits there was to be seen also one representing the Odontological section, an exhibit prepared under the direction of Dr. Francisco M. Pucci.

*Revista Dental*,  
Montevideo, No. 6, 1929.

## Brazil

By a gubernatorial decree given in Rio Branco on April 1, 1929, by Governor Hugo Carneiro, free dental service in the schools has been made obligatory for the territory of *Acre*, as part of the public health service. This progress in favor of oral hygiene has been made mostly because of the continued efforts of Mr. Luiz Hermann, Jr., the indefatigable enthusiast among the dental men of the Brazilian Republic.

The school dental service of the federal district has carried out a great deal of good dental work during the month of July, 1929. In 7,229 sittings there were executed 1,966 extractions, 7,582 diagnoses, 5,799 treatments, 611 emergency treatments, 1,705 preparations, 2,352 fillings. 249 new patients were inscribed.

*Brazil Odontologico*, No. 4, 1929.





# Tempus Fugit



From the second  
April issue of  
**ORAL HYGIENE**,  
published 18 years  
ago, in 1912.

## A PRACTICAL LECTURE PROPAGANDA

It has been declared that there are three practical ways of convincing the public that we are, after all, really altruistic, and have an honest desire to improve conditions for the human race, other than in private practice. They are the dental clinic, the dental exhibit, and the public lecture.

The dental clinic is, of course, emphatically its own argument, but is rather costly; the dental exhibit, excellent, but cumbersome, and its limitations obvious. The public lecture, however, with but two essentials required (the speaker and the audience), has tremendous possibilities. — ALBERT H. STEVENSON, D.D.S., *Brooklyn, N. Y.*

## A PLEA FOR THE CHILDREN'S TEETH

The mere mentioning of a dentist's name to some children of today is sufficient to put them in a temporary, but violent mental attack; while there are others who are ready to cry should their parents suggest that they are going to the dentist without them. This would appear to be a case of unbelievable extremes, but such, however, is apparent. — JOHN CRIMEN ZEIDLER, D.D.S., *New Orleans, La.*

## A MASTHEAD LEGEND

A lay brother sends in the following and says he thinks it should be "carried at the masthead of ORAL HYGIENE." It is good stuff and can be well used for lectures and exhibits:

If the government was as particular about the cleanliness of the place we chew our food as it is about the purity of the food itself, ninety-five per cent of us would starve to death. — EDITORIAL.

## PROGRESS IN CHICAGO

The Chicago Dental Society has succeeded in persuading Marshall Field & Company to permit the presence of an exhibit in their building, foreign to the purposes of the establishment; something they have always heretofore refused. Marshall Field & Company operate one of the largest department stores in the world. The exhibit is in the waiting room on the third floor, and consists of a model of the Forsyth Dental Infirmary, now being built in Boston. — EDITORIAL.

## A CALL TO ARMS

The greatest war that has ever been waged against disease is at hand. Are you enlisted in the cause? The irresistible spirit of progress is marshalling its powerful forces for an attack that must inevitably result in universal and inestimable good to mankind. I refer to the popular wave that is rolling and growing in force and effect against all forms of disease, but more especially do I refer to those diseases which find their inception in the oral cavity. — E. E. QUIVEY, D.D.S., *Fort Wayne, Ind.*

# COLORADO OFFERS VACATION AREAS TO CONVENTION VISITORS



**A**LL of the amazing recreational opportunities of Colorado, the highest state in the Union, will be open to the delegates to the Seventy-second Annual Session of the American Dental Association, which meets in Denver, July 21-25, 1930.

The time and place of the convention affords an almost unique opportunity to combine the convention business with a rare vacation.

The vast mountain hinterland of high Colorado with its majestic grandeur, its alluring trout streams, its inspiring views will be accessible to the visitor over the most modern type of motor highways.

Here it is possible to escape the enervating heat of the lowlands in the dry, clean, cool, air of the mountain heights. Even in Denver, where the business session will be held, the temperatures are always mild. The thermometer mercury and the 100-degree mark are strangers.

The amazing thing about the Colorado mountains is the ease with which they are penetrated.

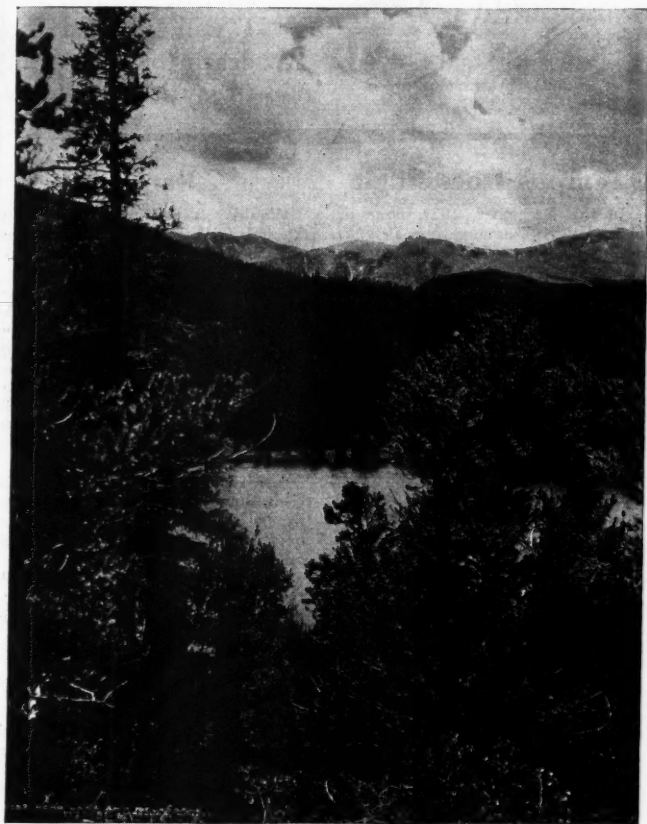
A half-hour ride from your hotel will take you into the skirting foothills. Another half hour of winding through rock-walled canyons will bring you into the up-lands with their great forests of evergreens, their grassy glades, and the pleasant groves of quaking aspens. It is almost impossible to realize in these surroundings of wild beauty that you are within an hour's ride of a throbbing metropolitan community.

From Denver to the west a hundred mile sweep of mountains, their tops whitened with never melting snow, is always visible. Three hours of driving over broad roads with safe, easy grades lifts the visitor from the mile high altitude of Denver to the top of one of these tremendous peaks, nearly three miles above sea level and frequently a mile above the clouds.

From the top of this tremendous eminence, Mount Evans, named after Colorado's Civil War Territorial Governor, John Evans, the founder of Northwestern and Denver Universities, you get the same effect

as you would from this exalted elevation in an airplane. At your feet the ground falls away, until the towering pines blend

From this point, on a clear day, it is possible to see 200 miles to the eastward into the states of Kansas, Nebraska and



—Colorado Association Photo.

### *Echo Lake, Colorado*

into a soft carpet far beneath. The foothills flatten out into the plains and the rolling prairies fade into the hazy distance.

to north to Wyoming, so that the onlooker stands with four states unrolled beneath him in a tremendous relief map.

# "Dear Oral Hygiene—"



"I do not agree with anything you say, but I will fight to the death for your right to say it."—Voltaire

## Tempus Does Fugit

In the December, 1929, issue of ORAL HYGIENE among your *Tempus Fugit* items you had one which I wrote in 1911.

A few years ago I moved to New York City and since then have been out of close touch with the work in Watertown. However I am in a position to advise that this work started through the activities of the Jefferson County Dental Society and in its early days was kept open by voluntary service. The initial equipment and all of the costs pertaining to the dispensary were taken care of by Dr. W. H. Moore. Since the starting of the dental dispensary work in Watertown it has never ceased and has steadily grown.

Today Watertown has a full-time dentist, two full-time dental hygienists who give all of their time to school work, and one hygienist who spends all of her time at the dental dispensary. The annual cost of this work runs about \$7,500 a year and is appropriated by the Board of Education. Watertown is a city of 30,000 and I think it can challenge any city of equal size to present anything better in a dental program for its children.

It occurred to me that you might be interested to know that this work started so early in Watertown has progressed so well.—W. H. LEAK, D.D.S., *New York*.

## A Banquet

Would you kindly send along the Annual Index to the 1929 edition of ORAL HYGIENE to the undersigned?

And, while I'm writing, let me say that your little magazine is as good, and I am positive, better than some which I am paying good money for and not getting near as much in return; and so, I send you a word to tell you that we thumb ORAL HYGIENE from "kiver to kiver" and never miss a page in our office.

I wish I could offer some criticism, but really, there is nothing to criticize, except, that it might be a little bit bigger, larger, thicker, or what have you.

With continued well wishes for the further success of ORAL HYGIENE, I remain—FRED J. CECIL, D.D.S., *Berwyn, Ill.*

## Dentistry on the Air

The Charlotte (N.C.) Dental Society have undertaken to put on a radio program on Health Dentistry. It is to go on the air every Wednesday night at seven-fifteen o'clock, and will be known as Dento-logue.

I have charge of arranging the programs, and while it is my hope to have as much local talent as possible, I know fifty-two talks for the laity is a contract.

Will you be good enough to suggest a few topics or if possible fur-

nish some that would take about ten to fifteen minutes to read. Fifteen hundred to two thousand words.

All papers are to be censored and no doctors' names to be mentioned. It is our plan to have it conducted in a very ethical manner and be truly instructive.—HAROLD ERNEST STORY, D.D.S., *Charlotte, N. C.*

## It Was a Good Story

The story "How to Build Community Confidence,"\* has brought many letters and inquiries. I am still trying to answer them.—HAROLD J. RISK, D.D.S., *Lafayette, Ind.*

## 25 Years Ago

I wish to call your attention to an illustration on page 50 of the January, 1930, issue of ORAL HYGIENE, showing a modern office of 25 years ago. This illustration depicts an office at least 25 years old at that time.

I started practice in 1898, and had an S. W. disk base chair that looked just like the chairs of today. My wall bracket also was the same as seen today.

True, I had a foot engine, but electric engines, like we now have, were common in 1900, and I had one.

Why create the wrong impression in the minds of the younger generation by putting such misleading illustrations in your magazine?

This is not the first offense of this kind.—F. G. TITUS, D.D.S., *San Diego, Cal.*

[The picture of the office to which you object was made from an actual photograph taken twenty-five years ago. Probably the office was not brand new at the time, but it certainly would have been considered a good representation of the better offices of that day. If you

have a better picture of a "twenty-five-year-ago" office we shall be glad to publish it—even if somebody does object.—R. P. M.]

## From the Philippines

It gives me much pleasure to send you a letter in order to help me in giving an information of how I can secure your ORAL HYGIENE Magazine. It attracts me very much and I wish to possess of that kind.

I am glad to inform you that I am at present a senior in the College of Dentistry, Educational Institute of the Philippine Island, hope to graduate this year.

I hope you will offer your possible help. I will welcome your answer. Thanks.—PASCUAL A. IGNACIO.

## He Agrees With Dr. Risk

I have just finished reading the plea of Dr. Howard Risk and it makes me want to put my spoke in the wheel of dentistry so that it will more nearly be a completed cycle of perfection.

We know that without the element of inventiveness and the ability to think out a successful way to meet a future condition, we are at a standstill professionally. It is also a fact that there are too many men in our work who can and do think to the point for that to happen, but this thought comes to me. In my everyday work I see and know something about just how near, or far from near perfect my preparatory work is. There are many, many men at work every day who do or should know the same thing. We, all of us, at times see the effort of other men and say to ourselves "that is good or bad," according to how well we think we could have done it.

Now the only point I want to make in this sermon is: Would not our profession take a very de-

\*ORAL HYGIENE, December, 1929, p. 2698.

cided step forward if every man will when he has completed a preparation for an inlay, carmichael, porcelain jacket, or whatever the case may be, take one more look and ask himself whether that piece of work is really good or just "will do" and if by expending a little more concentrated effort, bring it to the standard of perfection that the patient believes he is doing, and so know ourselves as professional men and not tinkers, to merit the place in society we claim is due us?

To sum up, that will necessitate for many of us all the extra thinking we can attend to for a while.—  
C. V. STOCKBERGER, D.D.S.

### The Laboratories' Viewpoint

We have read with a good deal of interest your several editorials in ORAL HYGIENE, regarding the New York State Master Dental Technicians Law and, while we agree with you in some parts, we think you are a little severe in part of your criticism.

Personally, we think the situation is being forced upon the legitimate dental laboratories, throughout the different states, as a protective measure against lowering of standards required by the profession and the over-production of the mechanics turned out from so-called mechanical schools.

In the first place the dental mechanic is a product of the dentists' own making and today they are doing 90 per cent of the mechanical construction used in dentistry. The demand on him is getting more intricate as the dental profession progresses; in fact, today it is demanded of him to have the latest technique on any form of mechanical construction at the same time, if not before the dentist, and that technique be followed as given by the originator of said technique.

We do not see any letting down of the bars to allow a technician the privilege of impression-taking

nor an entrance to prosthodontia and we desire to most firmly impress upon the mind of the dental profession that this is the farthest from our minds.

We doubt, if you will search the records, that you will find where one of the legitimate laboratories or one of their employees have broken the dental laws. In fact, they are being upheld in this type of laboratory throughout the different states.

The fault we see is in these so-called schools where they are teaching a short course in mechanical dentistry, advertising a new profession that will pay their graduates from \$50 to \$125 per week. They are getting a remarkable number of these students and turning them out on the profession. They cannot all hope to get employment nor can they all go into business for themselves and make anything near the wage promised them. This type of mechanic might break the dental laws, but he is not the type by which to judge the better dental mechanic or laboratory.

If these same students were educated in your dental schools in a course of mechanical dentistry where the requirements could be taught in the right way and their number could be reduced to meet the demand, then, it seems to us, a board examination would help to protect both the mechanic and the profession.

A two-year high school requirement is no more than the state laws require from all our youth today and he has to have more than that in most of our states.

When dentistry decided to separate itself from medicine, it was the general opinion of medical men that their, the dentists', idea was to practice medicine on their own, but they are both working in perfect harmony today with neither encroaching on the other's profession, in fact, we believe the medical man is well pleased with the situation and we also believe that were the mechanic licensed the dentist in a

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very short time would also be well pleased with the situation.

The demand upon the mechanical laboratory today is the best reason we can give you for legalizing the mechanical technician. We believe if you could spend a day in a busy laboratory, you would see the responsibility they have assumed in dentistry.

We do not mean to bore you nor take issue with you but to give you an idea from the laboratory standpoint if we can.

Wishing you the best of health and success, we remain, very truly yours, — SOUTHWESTERN DENTAL LABORATORY ASS'N., MAX F. KIBLER, *President*, FRANK BRIGANTE, *Secretary-Treasurer*.

## How About Poetic License?

That's nothing!\* I hold twenty-seven licenses, including hunting, fishing, dog, auto, marriage, steamboat pilot, steam engineer, book agent, and license to tell fishing, hunting, golf and motoring yarns, stories, prevarications and untruthful tales. And these licenses were obtained in seventeen different states . . . of—DAVID H. DAY, D.D.S., *Duluth, Minn.*

## A Source of Enjoyment

The article in September issue of ORAL HYGIENE by Dr. L. A. Hawkes appealed to me very much; I would like to get in touch with him, and if you would be kind enough to send me his address it would be greatly appreciated. ORAL HYGIENE is a constant source of enjoyment

\*Oral Hygiene, February, 1930, p. 313.

and help to me; keep the good work going.—H. N. YOUNG, D.D.S., *Woodfords, Me.*

## Lay Education

As a member of our local dental health educational publicity committee I am writing to see if your series of sixty articles on the subject of dental health are available, and if so, at what price?

Our local society is contemplating an educational program in local press and our committee has been asked to try and get some material, either to use as it comes, or to reedit before using.

Please advise if your series can be run under the auspices of local society, or whether it will be necessary to credit them to you or to ORAL HYGIENE. Sincerely yours,—THOMAS C. BONNEY, D.D.S.

M. R. HOPKINS, C. R. WILLSON, THOS. C. BONNEY, *Committee, Dental Health Education, Dist. Dental Society No. 4, Aberdeen, S. D.*

## The Joy of Life

We have no doubt that your cheery editorials serve to bring into dental life the "joie de vivre" which seems to be such a remarkable characteristic of yours.—THE AMALGAMATED DENTAL CO., LTD., *London, England.*

## From Scotland

I look forward each month to a perusal of ORAL HYGIENE's pages. The editorials are always helpful, while amongst the advertisements I always see something which interests me.—J. MENZIES CAMPBELL, L.D.S., D.D.S., F.R.S.E.





# ORAL HYGIENE'S



## Artificial Teeth

Are worn by more people than you think. If you need them, don't be backward. Our artificial teeth are so much like nature that the difference is not apparent. Our best teeth cost only \$5.00 per set.

*Your wife will enjoy the picture in the Evans advertisement.*

**EVANS DENTAL PARLORS**  
1217 Pa. Ave. Nw.

## DRAW YOUR OWN CONCLUSIONS.



Dr. Bigelow's Dental business requires three floors, 9 rooms, four operating chairs and six assistants. Are there others? Nit! All work painless. Open evenings and Sundays. Mondays, Wednesdays and Fridays extracting, will be half price. 115 Summit St. PHONE 1234.

*In the days when men were men—and mustaches were all over the place.*

**"Teeth Extracted Without Pain."**

**"We are the most Skilful Mechanics."**

**"Anybody's work re-modelled and made to fit."**

**"All kinds of Repairs on the shortest notice."**

**"We have a long record for perfect and life-like Artificial Teeth."**

**"My Teeth, my wife's and daughters, are as good and more useful to-day than when you made them some years ago. I always advise (and do now) my friends to go to Mr. Stott's."**

**J. C. STOTT,**

MEDICAL HERBALIST AND

ARTIFICIAL TEETH MAKER,

132, SHEFFIELD ROAD,

BARNESLEY.



ESTABLISHED 1877.

PRIVATE ENTRANCE TO CONSULTING ROOMS.

# ALBUM

These old advertisements are reproduced from The Practice Builder, a 668-page book by Charles R. Hambly, D.D.S., published in 1897—thirty-three years ago.

Said Dr. Hambly: "These advertisements were selected by us from thousands which were clipped for us by the foremost clipping bureaus of the world. Only the best ones are shown. The poor ones can be seen any day in any paper. The following are selected because they are the only ones that are sensible, argumentative announcements."

The Doctor's fat treatise covered a lot of territory—dental education, dental legislation, location, personal appearance, marriage, aesthetic operations, treatment of other dentists, etc., in a total of ninety chapters.

Some day ORAL HYGIENE will review Dr. Hambly's quaint volume, the cover of which, incidentally, is gold-stamped **CONFIDENTIAL**—why, it is difficult to imagine.



## MODERN DENTISTRY.

The dentists who tell you that we cannot do good work at our prices mean that **THEY** cannot do good work at our prices. They cannot afford our modern appliances for saving time, pain and labor. They pay just twice as much as we do for the best materials, because we buy in immense quantities direct from the manufacturer. High prices go hand in hand with old-fashioned dentistry. These are the prices of modern dentistry.

Painless extracting 50c.  
Best Teeth \$5 up.  
Painless Fillings 75c. up.  
Solid Gold Crowns \$5.

**U. S. DENTAL ASS'N.,**

MUSIC HALL.

226 BROADWAY

## I Will Not Sit Down

And wait—in the old way—for  
You to find out that I have a  
Good thing—a new thing—some-  
thing you want—Painless dentistry—  
Moderate charges—warranted  
Work—That's my good thing and  
I think it is worth while to  
Tell you about it—

**Dr Schumacker**  
214—  
Dentist. Equitable.



# Ask ORAL HYGIENE



CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND  
GEORGE R. WARNER, M.D., D.D.S.,  
1206 REPUBLIC BLDG.,  
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

The editors of this department thoroughly enjoy the contact, even if only through correspondence, with the many men who contribute to the department. It would, however, be a greater joy to meet each of you face to face, grasp your hand and hear your voice. An opportunity to do this very thing will occur this summer. The American Dental Association will meet in Denver from July 21st to 25th. The program of the American Dental Association is, we think, going to be especially attractive and worthwhile this year. You will, therefore, be amply repaid if you attend this meeting, and, at the same time we shall have the pleasure and honor of meeting you and welcoming you to Denver.

We not only invite you but urge you to "come up" and see us; see Colorado and take advantage of its marvelous trout streams, scenic beauties, mountain climbing, fine golf courses, and all the other numerous recreational attractions with which this state abounds.

## An Old Formula

I enclose clipping from *Scientific American*, dated July 3, 1847.—A G. Gary.

## "Relief for Toothache."

The following receipt for this painful disease is taken from the *Hartford Courant*: "Some years since I found the following receipt in a highly popular dental work, and having used it with the most gratifying success from that time to the present, in common cases of toothache, it strikes me I may be instrumental in relieving some suffering by making it public.

Take Sulphuric Ether, 2 oz.

Pulverized Gum Camphor, 2 dra.  
do. do. Alum, 2 do.

Mix and keep tightly corked. Wet a little cotton or lint with the mixture and apply to the seat of pain. The above quantity can be obtained of any druggist for 10 or 12 cents.

This preparation has been simply the result of scientific investigation.  
—H. Preston, Dentist."

## Filling Gingival Cavities

Q.—Will you kindly give me the following information? What treatment would you advise in the softening (caries) and discoloration of the gingival third, in the area of the bicuspid teeth around which the gums are receding?

With many thanks for any suggestions you may give, I am—E. R. I.

A.—If the condition of which you speak is confined to the regions mentioned, gold foil is the filling material of preference, provided there is no objection from the standpoint of esthetics. If the appearance of gold would be objectionable the porcelain inlay should be used. In using the porcelain inlay it is essential to make the cavity deep enough to give good frictional resistance between the inlay and walls of the cavity. The appearance of a porcelain inlay is enhanced by setting it with a silicate cement of approximately the same shade as the tooth.—G. R. W.

## Gingival Cavities

Q.—Will you kindly answer the following questions?

(1) What is the best treatment to follow in the prevention and checking of gingival cavities?

(2) What different ways may silver nitrate be used to advantage in the mouth and in what form of preparation is it used to prevent decay?—L. M. W.

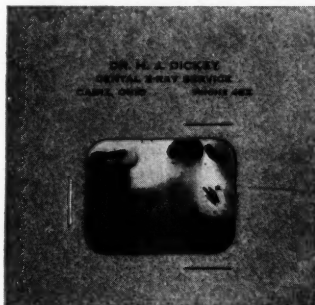
A.—If labio- or bucco-cervical incipient caries can be discovered it is often possible to check their progress by a thorough polishing at the hands of the dentist and real honest-to-goodness tooth brush cleanliness at the hands of the patient. If this incipient decay, which is shown by a slight etching of the enamel, is in the molar region where discoloration of the tooth won't be objectionable, a 25 per cent solution of silver nitrate may be used as a topical application in an effort to inhibit caries. This is usually helpful.

An answer to a question in relation to prevention of caries will appear in this department soon which will answer your question in part.

Silver nitrate may be used in the mouth as a simple aqueous solution or an ammoniated silver nitrate, which may be precipitated with formalin or eugenol.—G. R. W.

## Why Fill the Mandible With Amalgam?

We have here a radiogram depicting a condition far too common. It is evident that an alloy restoration has been made too soon after the extraction of the lower bicuspid. Particles of amalgam have dropped, or worked their way into the socket, causing unnecessary irritation. This socket has completely healed, leaving the amalgam particles imbedded in bone. Their removal will be difficult, to say the least.



Let us avoid this condition by being a little more careful! Give the socket time to heal over before making your alloy restorations.—H. J. DICKEY, D.D.S.

## The Progress of Decay

Q.—Have you ever noticed how often a badly decayed six-year molar has a badly decayed mate on opposite side but not in same jaw, i. e., a right mandibular six-year molar badly decayed would have a mate in upper left maxilla while hardly any decay in left mandibular molar and vice versa—why the decay working diagonally instead of on same level? Perhaps this is a foolish question but am curious to know reason if any.—M. C. S.

A.—It has never seemed to me that decay was apt to occur in the

manner of which you speak. Quite to the contrary I have noticed for years that teeth were prone to decay in pairs. Since receiving your letter I have asked other experienced men their opinion and without exception it has been that teeth are apt to decay in pairs. However, you may be right but, if you are, the writer cannot assign a reason that seems at all plausible.—G. R. W.

## Film Foil for Dentures

*Q.*—I have been using film foil to make the inside surface of dentures smooth. I have difficulty in adapting it so as to avoid wrinkles. I remember some years ago one dentist who used water glass. Could you tell me if there is any real objection to water glass? It is easily applied by painting on with a pledget of cotton.

Please save your time by a brief comment on this paper and find stamped addressed envelope enclosed.—R. C. G.

*A.*—If you apply your "Film Foil" with a good sized pad of cotton you should be able to adapt it without wrinkles. "Film Foil" or even tin foil would make a better surface on the vulcanite than water glass (sodium silicate). However, water glass is fairly satisfactory and there is no objection to its use. It is ordinarily applied with a small brush.—G. R. W.

## Perforated Antrum

*Q.*—Extracted upper right first molar about three months ago. Left an opening in antrum. I have trouble in getting this opening to heal over. Seems to be no infection.

I irrigate with a saline solution and use a 25 per cent argarol solution twice a week. Would appreciate any advice you can give me.—M. S. S.

*A.*—Make a small vulcanite splint for the space to keep food out; freshen the orifice of the

perforation, partially detach a generous section of mucous tissue from palate adjacent to the perforation—move it over and suture it in place closing the perforation.

If the antrum is infected, you had better have it treated through the nostril by a nose and throat man.—V. C. S.

## A Definition of "Pyorrhea"

*Q.*—Please answer the following questions, either in ORAL HYGIENE or by mail to me:

(1) Cause of Pyorrhea Alveolaris, i. e., the name of the bacteria and toxins which are found in the mouth when Pyorrhea exists. What I wish is a definition for Pyorrhea, similar to the one for Vincent's Infection as follows: Vincent's Infection is an infection of the soft tissues of the mouth and is probably the effect of the fusiform bacillus and the Vincent's spirillum on tissues, the resistance of which has previously been lowered by the irritation of the toxins and ferments from the ever present growth of streptococci and staphylococci.

(2) Also the difference between toxins and ferments.

Thanking you for the information I am—H. S. S.

*A.*—Your definition of "Vincent's Infection" is quite satisfactory and if one could define so-called "Pyorrhea" as clearly, concisely, and certainly it would be a great boon to dentistry and would end much controversy.

An attempt on my part to define the disease or condition of which the word pyorrhea is a symptom is rather presumptuous but at your request I'll make the attempt.

Periodontoclasia (preferable to "Pyorrhea") is a disease of the periodontium characterized by swelling and desquamation of the marginal gingiva; hyperemia and increase in thickness of the peridental membrane and destruction of the alveolar bone. This results in the

familiar "pocket" with, usually, pus formation. Large masses of pathogenic bacteria are to be found in these pockets but they are not specific. The cause is probably partly systemic and partly local.

A toxin is defined as "A poisonous introgenous compound produced by animal or vegetable cells."

A ferment is a substance which is capable of bringing about changes in other substances without itself changing much. Ptyalin of the saliva is a ferment which changes starches to sugar.—G. R. W.

## General Acidosis

*Q.*—I have a case that has me stumped and would like very much to get your advice by letter or through your department in ORAL HYGIENE.

Case:

Patient, female, age 30, has always had trouble with her teeth decaying at the gum line. It starts first with a grey tinge to the enamel which soon turns to the white color and very shortly afterwards a cavity appears. She had a child about six months ago and since then the cavities have formed much more quickly.

When she first presented herself I just supposed it to be a very severe case of acid mouth and advised milk of magnesia internally, also prescribing a tooth paste which I understand contains some milk of magnesia with the thought that it might be helpful. To date I have been unable to get any results whatever as the cavities still form.

Any information for treatment which you may recommend will be very much appreciated.

Wishing you much personal success and hoping that you continue your very interesting column in ORAL HYGIENE.—C. H. H.

*A.*—Your case presents a condition described by Broderick of England, in which the enamel is softened over a broad area, rather than the usual small area of penetration

of the enamel in the circumscribed carious cavity.

It is Broderick's opinion that a case such as you describe is the result of a general acidosis and that the decay in the enamel can be arrested by inducing an alkalosis.

The alkalosis can be induced quickly by the administration of sodium bicarbonate or citrocarbonate (Upjohn) between meals. This alkalization of the system can be accomplished in from twenty-four to forty-eight hours, when dietetic measures should be instituted.

The dietetic measures to decrease decay or to arrest decay, of the nature described in your case, would be to decrease the consumption of meats and cereals and increase the consumption of fresh fruits and green vegetables. Hanke of Chicago, advises the use every day of one pint of orange juice with which should be mixed the juice of one lemon; one to two eggs, one-quarter to one-half head of lettuce, and any desired amount of other fresh fruits or vegetables.

The mechanical measures to be instituted would be polishing with fine stones and disks and the application of formalin.

Do all of these things and in a month let me know what has happened. I believe the condition will be improved.—G. R. W.

## Hypnotism as an Anesthetic

*Q.*—Kindly inform me as to the extent of use to which hypnotism may be employed in dentistry, (a) How is it looked upon by the leaders of the profession? I refer to its judicious use, and not as sensational advertising.

I am a senior dental student, and have observed that quite frequently, upper plates that fitted very well when first placed in the mouth—suction was excellent; well muscle-trimmed, and articulated. Still after a few months, they could

hardly be made to stay in place. Am referring to plates made for patients who had had their teeth extracted quite a while before the impressions were taken. No relief chambers were used. Modeling compound only, no plaster wash.—A. G. D.

*A.*—In reply to your letter of December 31: I am strongly of the opinion that the practice of hypnotism has no proper place in dentistry. I don't believe the subject is ever discussed or even given a thought by the "leaders of the profession."

You might be interested in a thing that occurred twenty-three years ago while I was a senior at the University of Pennsylvania. Rather a disgusting looking fellow professing to be an instructor in hypnotism applied first to Dean Kirk for a place as special instructor to the senior class. Upon Dr. Kirk's refusal he asked the president of the senior class to call a class meeting for him to address and organize private classes in hypnotism. Upon the class president's refusal he tried to work it through the fraternities. He stopped in front of our frat house one evening to try to get us to form a class for him and incidentally he condemned and ridiculed our President and our Dean in such coarse, uncouth, and ungentlemanly terms for not falling for his proposition that we all became thoroughly disgusted with him.

When he saw that we were not falling for his proposition he offered to put on a demonstration for us if one or more of us would submit as subjects. No one would agree to do so until finally I decided to get rid of him I would let him try it on me and pretend to be hypnotized to see what he would do. When I finally agreed one of the other boys said he would not see me go it alone so sat down beside me. Neither of us felt the slightest effect from his efforts to hypnotize us, but presently I pretended to go under. He was greatly elated and abused

me plenty to demonstrate how a patient would stand pain without flinching. Among other things I remember he stuck a pin in my arm, rubbed his dirty finger in my eye and gouged the nerve centers under my ears; but I was so disgusted with him that I managed to stand the abuse until he decided it was time to wake me up, and that was when my fun began. He tried every way he knew to restore me to normal consciousness, but I continued to stare at him with a stony stare until the beads of perspiration stood out on his forehead and ran down his stupid face. He started to bolt for the door, but a half-dozen fellows beat him to it saying "No you don't get out of here until Smedley's back to normal." He went about the room wringing his hands. Once when his back was turned I smiled and winked at the boys to reassure them that I was all right. Finally I decided he had suffered enough and while he was making no effort whatever to restore me, I told him to get his hat and beat it while the going was good, and not to show his faking face around those parts again; with which request he was glad to comply, and I have never seen or heard of him since. I would advise you to have nothing to do with such people.

Answering your second question: The loosening of plates in so short a time when they have been tight fitting in the beginning is usually due either to a lack of balanced occlusion or to mouth shrinkage caused by interference with normal circulation due to the securing of too tight a peripheral seal at the time the plate was made—V. C. S.

### Epileptic Fits

*Q.*—The writer has a patient who is subject to fits and while unconscious bites her tongue terribly. She was just in the office and it was swollen until it nearly fills the oral cavity. She inquired if I could make something she could put in



her mouth at night as they generally occur around 2 A. M. She is a woman 35 years old.

What would you suggest?

At this time I wish to extend my appreciation to you and Dr. Smedley for your most interesting department in ORAL HYGIENE. It is read with interest.—D. H. M.

A.—Your patient is fortunate in that her seizures are at night when she is safely in bed. Many who are similarly afflicted have these seizures on the street and injure themselves seriously in the fall which always results.

I would suggest a vulcanite splint as the most comfortable and efficient means of minimizing, if not entirely preventing, the injury which usually occurs to the tongue. Just mould ordinary base plate wax over the teeth of a plaster impression of the mandible so that it will occlude evenly with the maxillary teeth but so the cusps of the mandibular teeth will be entirely covered as well as the lingual and buccal surfaces of the molars and bicuspids. This should contract enough in vulcanizing so it will spring or snap into place and stay there securely during the night. Then when the teeth snap together during the seizures the tongue will be held away by the splint and moreover the lingual cusps will be so rounded or obliterated by the vulcanite that the tongue probably won't be seriously injured should it protrude laterally between the teeth.—G. R. W.

### Vincent's Angina

Q.—I would appreciate some advice on the following case. Woman, age 45:

The woman presented herself for examination about eight weeks ago. Advanced case of Trench Mouth in lower jaw, particularly the eight anterior teeth. Profuse bleeding on pressure. X-ray shows just slight absorption of bone. After five weeks of treatment the gum condition cleared up wonderfully. The teeth

became more rigid, no bleeding. However, at the labial gum margin just below the central incisors, there is a hard area with a white patch covering; no exudate, pain on pressure. Have tried every treatment I have known, but haven't had any success. What would you advise? Late x-rays show no abnormal conditions.—D. J. R.

A.—It is not uncommon to have the gums appear as described in your case, but it is uncommon to have them sensitive to pressure. It is possible you have a Vincent's infection, perhaps the root surfaces are not perfectly smooth, or the adjacent teeth may be in traumatic occlusion.

Your description of the case doesn't bring anything to my mind. Systemic disease or poisoning might be considered, except that the condition is so definitely circumscribed.—G. R. W.

### Traumatic Occlusion

Q.—I wish your advice on the following two cases:

(1) Patient twenty-six years old with recession of the gums. About two years ago, patient presented himself at this office with Vincent's, which was cleared up in a very short time but the gums have receded and are still receding since that time. They are apparently healthy and are not spongy. This affects only the upper arch; lower teeth are not affected in any way.

What would you advise for treatment?

(2) Patient forty years old, female. Teeth stained with a black stain within two or three weeks after prophylaxis.

What would you advise for home treatment in this case?—K. J. T.

A.—From your description of your case No. 1, I would suspect that you have traumatic occlusion as at least a contributing factor in the recession of which you speak. The fact of the gums bleeding points to lack of good mouth hygiene, roughness of the root sur-

faces and traumatic occlusion, so naturally all of these things should be looked into.

Your case No. 2, I should anticipate as due to either errors in diet or drugs, provided that it isn't stain from the use of tobacco. In treatment I would first consider the matter of the diet and drugs, and after being assured that the condition is normal in these regards, I would prescribe a dry powder dentifrice. If you wish a prescription for a simple one you may use the enclosed:

Prec. Chalk, 4 oz.

Beta Naphthol, 10 gr.

Oil Gaultheria, 10 grt.

M. et Sig. Tooth powder.

G. R. W.

## A Puzzling Case

Q.—I am a reader of your department in ORAL HYGIENE, and wish to ask your advice on the following case:

Woman patient, age 25, came to me complaining of soreness and bleeding of gums. She had given birth to a child about one month before, and had been having this trouble since about a month before being confined.

The teeth were very even, white, free of stain and deposits, and the gums were very red and congested appearing. I first took a full mouth X-ray and made a smear, which on microscopical examination showed no Vincent's spirochetes. The X-rays showed an even distribution of bone destruction—not extensive, however.

I diagnosed the case as pyorrhea, and proceeded with the treatments. On advising a diet of fruits, fruit juices, milk, fresh green vegetables, etc., I learned that the patient always had included a great deal of these foods in the diet. Also, the patient is enjoying very excellent health.

After a series of treatments including polishing, scaling, application of medicines, and the use of mouth washes at home, practically

no results were obtained. One day the gums will begin to appear more healthy and will not bother her so much; on the following day they appear badly congested with blood—she complains of a soreness of both teeth and gums, and the gums will bleed at home without any external cause whatever.

I then had her go to the examining department of the university here, and they were very vague and doubtful, so the patient told me. Said it was pyorrhea but that evidently not much could be done about it.

Lastly, the patient is troubled by a recurring swelling in the neck just below the mandible on the left side. This swelling lasts a day or two, subsides, and then reappears. The tonsils have been removed and the teeth on that side are perfectly healthy.

I would certainly appreciate an answer from you regarding this case, as it certainly has me puzzled. It seems a crime that nothing can be done for such a beautiful set of teeth in so young a person.—M. W. S.

A.—It would seem from the history of your case that the inflammatory condition which you describe must be connected with the parturition. Child bearing makes heavy demands on the expectant mother's calcium and this demand continues during the period of lactation. Decalcification is shown in the alveolar bones and overlying soft tissue and gives the symptoms of pyorrhea if it does not actually result in pyorrhea.

If the expectant mother was being robbed of calcium and if the new mother is still suffering from the same condition the normal or well-balanced diet may be insufficient to supply the demands for calcium. In such a case it is necessary to increase the utilization of calcium through cod liver oil or other source, rich in vitamin D. At the same time the patient should supply calcium by taking calcium lactate, or plenty of new whole milk

in addition to the diet rich in mineral salts. Milk is also rich in vitamin C, while it still carries the animal heat and vitamin C probably helps to prevent tooth decay.

I cannot tell you where cod liver oil rich in vitamin D may be procured. Some of it is good and some is valueless, according to the work of Dr. Weston A. Price, from whose works most of the ideas expressed above have been obtained.

All of the foregoing is given on the assumption that the patient's physical examination excluded diabetes or any other systemic condition which might unfavorably affect the soft tissues of the mouth. I also assume from the general tone of your letter that you have thoroughly scaled and polished the teeth and denuded root surfaces and that you have relieved any traumatic occlusion which may be present.

I should be interested in hearing the outcome of this case, for I am confident you'll get beneficial results. Please watch conditions very closely and make careful notes.—G. R. W.

### Swollen Jaws After Extraction

*Q.*—In the last eight or nine months, I've encountered probably two or three swollen jaws after extraction (which is very fortunate). However, since last week I've encountered four swollen jaws in succession. I have used the same medium of anesthesia. I have used the same sterilizing solution for my needles—a mixture of equal parts of glycerine and alcohol. I have changed my needle with each and every patient as is my custom. I used steel needles. I have kept my field as sterile as possible. The peculiarity of these swellings is that I tell the patient to go home and apply a cold compress after the extraction for at least one hour. They come back to me the same night that I extract the teeth (during the day) as I insist upon it. The cheeks are not swollen at that

time but develop the next day or two. Could you possibly explain the cause of this?—A. S. Z.

*A.*—It is possible that your run of swollen jaws following extraction is a coincidence, but I certainly think it would be wise to check every step of your procedure, because while we occasionally have a swollen jaw when the utmost care is exercised, it should be only occasionally.

It is generally thought that the only way to sterilize needles is by flaming just before the injection is made. Alcohol and glycerine has the disadvantage of causing a great deal of irritation if it happens that the alcohol is not all removed from the lumen of the needle, moreover we can't count on absolute sterility. In addition to the possibility of the irritation or infection coming from the needle you should be sure your solution is isotonic as well as sterile. If you use drug store distilled water it should be boiled before using. The area where the needle puncture is made should be sterilized and the field as sterile as possible, realizing that the mouth cannot be made absolutely sterile. I am going over all these points, not because I think you don't know them, but to check each one in your search for the cause of the post-operative swelling which you are troubled with.—G. R. W.

### Chromium Trioxide in Vincent's

*Q.*—In your answer as to your method of treatment of Vincent's Angina you state that you use chromium trioxide. Do you use the crystals or solution? If solution, what per cent is it? I would appreciate a prompt reply.—V. P. S.

*A.*—According to the plan advocated by Dr. Hardgrove of Wisconsin, chromium trioxide is used in crystal form in this manner. After blocking off the area to be treated with cotton rolls a crystal about the size of the head of a pin is

placed in the pocket and then a drop of hydrogen dioxide, diluted one-half with water, is placed in the pocket. This will produce a dark colored reaction and the deposition of hydrogen dioxide is repeated at intervals of about thirty seconds until there is no reaction. This seems to be a very efficacious method of treatment in those cases in which there is deep sloughing. Other men advise the use of two per cent solution of chromic acid as a mouth wash and report excellent results when used in this manner.—G. R. W.

### Systemic Conditions

*Q.*—Kindly oblige me with information as to what might be the cause and also the possible treatment for a condition as follows:

The patient, an adult, male, complains of an itching and burning sensation of the gums, especially in the anterior region of the upper and lower teeth. The teeth are free of tartar, no cavities and proper articulation, and the gums are of normal pink color with the exception that the mouth is inclined to be dry with the rapid evaporation of moisture when lips are raised.

Is this possibly a symptom of some condition elsewhere? The patient claims to be in good health.—M. S.

*A.*—Your case presents one of those conditions which are so baffling to the man practicing general medicine, but which do not so frequently occur in the practice of the dentist.

In the absence of any local irritant, and your letter indicates that you have considered all these, viz., caries, sub-gingival deposits, traumatic occlusion and fillings, it would seem logical to conclude that it is a local expression of a systemic condition.

It might be a reflex nerve irritation from a nasal condition, or it might be a neurosis.—G. R. W.

### Cheek Biting

*Q.*—Will you please write me, or answer through ORAL HYGIENE, the best way to remove small non-malignant growths from the cheeks caused by biting, usually in the molar region.

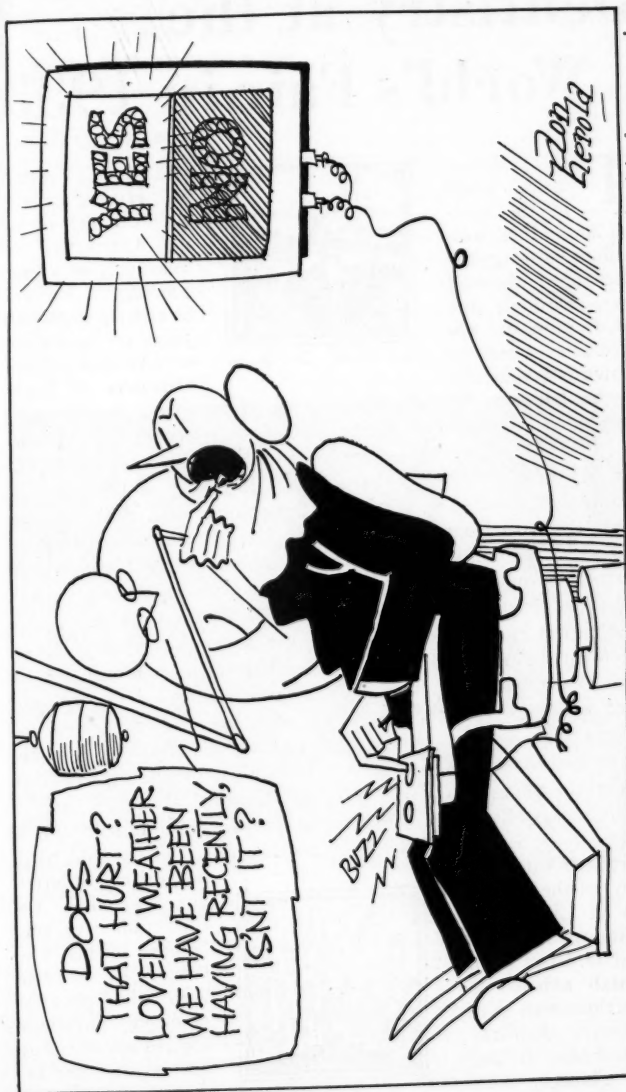
Is there any danger of malignancy following surgical interference?—M.H.G.

*A.*—Cutting into the buccal tissues is attended with more or less hazard because of the Stenson's duct, the nerves and blood vessels which so richly supply this area. It would be wise, therefore, to correct the cheek biting by grinding the bucco-occlusal angles of the lower teeth so that the upper teeth have a good over-jet. If this is done in all probability the growths will atrophy. If they do not atrophy and continue to give trouble it would be wise to consult a surgeon about their removal.—G.R.W.

### To Clean Trays

*Q.*—Would you be kind enough to advise me through ORAL HYGIENE, if you know of a solution which will dissolve plaster from impression trays; also one that will remove modeling compound from trays?—H.P.H.

*A.*—We boil our trays in soap and water to sterilize and loosen up clinging plaster. It is best to remove compound before boiling. This is best done by tapping the back of the tray when the compound is cold and brittle. This usually brings it off clean, but if any clings, warm it over a bunsen and wipe it off with a cloth. I know of no practical solvent. Chloroform or ether would do it, but they are too expensive.—V.C.S.



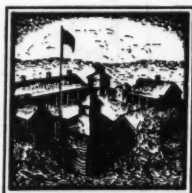
Simple device to provide lively and spirited conversation.

Drawn for ORAL HYGIENE by Don Herold

# Dentistry at the World's Fair in 1933

**T**HE achievements made in the medical and allied professions during the past one hundred years through the aid of pure and applied science may be shown graphically at the Chicago World's Fair Centennial Celebration to be held in 1933. Leading authorities in these professions have been invited to serve on the National Research Council Science Advisory Committee to the Fair. They have been asked to advise ways and means as how to interpret in a concrete, tangible form the advances made in their respective fields since applied science entered their fields up to the present day.

The medicos and dentists serving on the general committee include such well-known men as: Prof. R. R. Bensley of the department of anatomy, of the University of Chicago, on anatomy; Dean Arthur D. Black of the dental school of Northwestern University, dentistry; Dr. Frank Billings of Chicago, medi-



1 8 3 3

cine; Prof. Preston M. Hickey of the Medical School of the University of Michigan on roentgenology; Prof. Stanhope Bayne-Jones of the School of Medicine and Dentistry of Rochester University, bacteriology; Prof. Fay-Cooper Cole of the department of anthropology of the University of Chicago, anthropology; and Prof. Harvey A. Carr of the department of psychology of the University of Chicago, psychology.

The National Research Council Science Advisory Committee was formed at the request of the trustees of the Chicago Exposition. As the most far reaching scientific body in the United States, the trustees asked the National Research Council to prepare a philosophy for a world's fair which would be of an entirely different character than any exposition ever held before. This philosophy is to deal with the progress made by pure and applied science in industry since the beginning of the so-



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called Industrial Revolution up to the present time. It is planned to make science one of the dominant notes of the exposition.

Leading engineers and scientists from all sections of the United States are members of this general advisory committee and they will strive to formulate a philosophy for the exposition that may be suggested as a basic plan for the Fair.

The Science Advisory Committee is headed by an executive

committee the members of which are: Dr. Frank B. Jewett, New York, chairman; Dr. George K. Burgess, Washington, D. C.; Dr. Vernon Kellogg, Washington, D. C.; Gano Dunn, New York; Prof. M. I. Pupin, New York, and Dr. William Allen Pusey of Chicago.

Maurice Holland of New York, has been appointed executive secretary of the committee which has established offices at 40 West 40th Street, New York City.



—International Newsreel Photo.

### Dentist in Exploration Party

These four prominent Bostoners are shown just prior to their departure for a tour of Central America where they planned to make technicolor stills and movies of the famous Mayan Ruins explored last year by Col. Lindbergh. The men are, from left to right, Dr. C. H. Tozier, dentist, Franklin F. Spalding, H. W. Hight, and A. B. Atwood. The party left for New Orleans from where they embarked for Guatemala and Honduras.





W. LINFORD SMITH  
Founder

# ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,  
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

## Cemetery

Buy family space in Forest Lawn while you can secure the present low prices.

FOR A BRIEF PERIOD

FAMILY LOTS \$100 UP

CRYPTS \$400 UP

Somehow I always had an idea that cemetery lots were for keeps instead of for a brief period and also it had seemed to me that the occupants went down instead of up. Anyway the thought isn't so pleasant. The sadness of the event can be greatly mitigated by an American Dental Association Insurance Policy.

Dr. Fred A. Richmond writes me that the policies of those who have had the foresight to apply will soon be ready for delivery.

Two members of the American Dental Association have already died since the middle of January. They had applied for their policies, but the actual papers had not been delivered to them, yet THE BENEFICIARIES OF BOTH THESE DENTISTS RECEIVED THE FULL AMOUNT OF THE POLICY IMMEDIATELY.

This is real service, your family might have to get along without you, why not make the blow a little easier for HER to bear by taking time by the forelock,—that is if you really care for her; if you are not so popular around home you might at least leave something to celebrate with.

# NE Editorial Comment

## Now Comes the Whereas

**I**T IS a fact that many evils have been "whereased" out of existence, unfortunately the record is not one hundred per cent. There have been a lot of "whereases" that didn't get along so well; these resolutions depend wholly upon the attitude and support of the body that passes the resolution.

If a matter is of sufficient importance to make it the subject of a resolution by your society, it is important enough to merit the support of that organization.

It is a good plan to vote only for those resolutions to which you feel that you can honestly give your support. Never vote for any resolution that depends upon the popularity of the proponent for success; vote for the measure that has real merit.

The highest sounding group of "whereases" that ever made up a resolution could not become effective without the energy, devotion and enthusiasm that must ever drive toward victory.

As this is written, the First District Dental Society of New York is considering the passage of resolutions opposing the entry of the School of Dentistry of Columbia University into the practice of dentistry.

Since the ancient days of the old "preceptors" the teaching of dentistry and the practice of that profession have been strictly separated, that is: as strictly as possible. Let us hope that the separation may be complete.

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## He Really Did

**T**HE other day Count Louis Hamon, of the Royal Thames Yacht Club and many other interesting places, came to tell me that while sitting in the waiting room of Dr. Walter S. Palmer he had

read the editorial in ORAL HYGIENE about the Spaniard who had shot his aching tooth out with his revolver.

Count Hamon had a better story in his own experience. About forty years ago, when Russia was a regular Empire and when there was yet some joy left within her borders, the Count was on a hunting trip far into the interior of Siberia. Everything was going on beautifully, good weather, lots of game, fine eats and all that sort of thing, when all of a sudden a big man-sized toothache staked a claim, on, in and around his right lower second molar. Hour by hour and day by day that ache grew larger until it felt almost the size of an extinct hairy mammoth.

The nearest dentist was seven thousand miles away and there was no railroad.

In his baggage the Count happened to have a fine piece of piano wire about fifty feet long. He passed the end of the wire under the crown of the tooth, between the roots and twisted it tight. The other end of the wire was twisted around the knob of an open door. His huge Russian servant threw himself against the door and the Count rose from his chair and sailed gracefully through the air but the aching tooth retained its mandibular position and carried on with renewed energy.

In his desperation, the Count decided to shoot the tooth out. Leaving the business end of the wire attached to his tooth, he bored a hole through the tip of a steel-jacketed bullet and after removing the bullet from the shell, he fastened the free end of the piano wire to the bullet. A steel-jacketed bullet was used in preference to lead because the Count was afraid the tooth was so strong that it might tear the wire through a lead bullet. Consequently we are ready to load the gun with a wired bullet, the other end of the wire still firmly attached to the aching tooth.

The shell containing the powder was placed in its proper position in the breach of the rifle, the steel-jacketed bullet was rammed home, the Count lay on his back on the ground with the gun pointed North when \*\*\*\* BANG!!!!!! \*\*\*\*

Eventually the Count regained consciousness and found at least two teeth and a part of an otherwise perfectly good jaw missing. The last account of the bullet and the tooth was that some forty years ago they were traveling toward the North Pole in a hurry. This may account for the wrecking of General Nobile's dirigible.

### A Good Citizen

THE following story from the *Honolulu Star-Bulletin* is of interest in showing the public spirited activities of a dentist, Dr. Dai Yen Chang.

Dr. Chang has a beautiful office in Honolulu and enjoys a very large practice. For many years I have been an admirer of the many great and good qualities of the Chinese people. The many examples of progress and loyalty of our Americans of Chinese descent compare so favorably with the accomplishments of our Americans of European descent that it might be a very good idea for the rest of us to emulate the genuine interest of Dr. Chang in our own local affairs so that we can bring up our average of valuable citizenship.

This magazine will consider it a favor if the readers will send in accounts of dentists in public office and also of those who are moving spirits in local, state, and national progress.

The story:

#### SUPERVISORS FAVOR JOINING THREE BOARDS

A new commission combining the shade tree and recreation commissions and the parks and playgrounds department of the city was proposed to the board of supervisors

Tuesday evening by Dr. Dai Yen Chang, chairman of the parks and playgrounds committee, and without objection the ordinance passed first reading.

The measure provides for a body of nine to be appointed by the mayor with the approval of the board and to include three board members, three from the Outdoor Circle, two from the P.-T.-A. council and one representing the Free Kindergarten and Children's Aid Association.

"This plan was drawn up by the Hawaii bureau of government research," said Chang in presenting the measure.

"It does not remove any power from the city and county government, but is a progressive measure which means better co-ordination, greater efficiency and economy."

No supervisor commented, argued or voted against the ordinance, which passed first reading by title with instruction not to print.

The bill repeals previous ordinances creating and empowering the recreation and shade tree commissions and the parks department, and transfers their duties to the new "recreation, shade tree and parks commission."

The term of office for members of the new commission will be six years. Two terms will expire January 1, 1932, two more January 1, 1934, and two others January 1, 1936. The members will serve without pay excepting the board members appointed.

The first nine appointees will decide among themselves which will drop out at the end of each two-year period, when two new members are to be named.

The nominees of the Outdoor Circle, P.-T.-A. council and the Free Kindergarten and Children's Aid Association are not necessarily to be named from among the workers in these groups.

In addition to the nine members, two others will be seated on the commission without votes in an advisory capacity. One will be the city and county engineer, the other to be nominated by the majority of the public utilities. Five members of the commission will constitute a quorum.

One of the employees of the commission will be known as the city tree warden. The commission will report to the supervisors quarterly.

### Attendance

"If you keep your nose to the grind-stone rough,  
And you hold it there just long enough,  
In time you'll say there's no such thing  
As brooks that babble and birds that sing;  
These three will all your World compose—  
Just YOU, the STONE, and your DARNED OLD  
NOSE."

WHILE it is both desirable and necessary to stay at home for an evening now and then, it would seem that a little time could be sandwiched in between office and golf to attend your local society meetings. There are three big benefits to be gained by attendance: *Fellowship*, *Acceptance of new ideas*, *Refusal to accept new ideas*. The last item—*refusal to accept new ideas*—is not "old-fogyism," it is the bed-rock of true progress. Where principles of practice are so temporary that any new suggestion gets immediate acceptance because the audience is easily persuaded, progress is impeded by confusion. Where habit is so strong that new development along the lines of sound reasoning and experience is rejected, progress is impeded by obstinacy.

The only sure method of weighing the evidence is to go where the evidence is presented and there with open mind and philosophical consideration, weigh the evidence and reach a true conclusion. The member who attends meetings is the one who reaps the benefit.





# Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

The extraction specialists have a new proverb: —The whole tooth and nothing but the tooth.

Father: "What did you and Joe talk about last night, dear?"

Daughter: "Oh, we talked about our kith and kin."

Small Brother: "Yeth, pop, I heard 'em. He seth, 'Kin I hev a kith?' and she seth, 'yeth you kin.'"

"How do you know it was a stork and not an angel that brought your little brother?"

"Well, I heard daddy complaining about the size of the bill, and angels don't have bills!"

Guest: "Who is that awful looking frump over there?"

Host: "Why, that's my wife."

Guest: "Oh, er—I beg your pardon—that's my mistake."

Host (sadly): "No, no—mine."

Two small boys returning to their schoolroom after recess showed evidence of having been crying.

Teacher: "Percy, why are you crying?"

Percy: "Harold kicked me in the stomach."

Harold: "Naw, I didn't, but he turned around just as I kicked."

She: "If you tell a man anything, it goes in one ear and out of the other."

He: "And if you tell a woman anything, it goes in both ears and out of her mouth."

Jimmie: "I wonder why they say 'Amen' and not 'Awoman,' Bobbie?"

Bobbie: "They sing hymns and not hers, stupid."

Foreman: "Pat, you know you had no right to touch that wire. Don't you know you might have been killed by the shock?"

Pat: "Sure, I felt it carefully before I took hold of it."

Doctor: "Did you tell that young man of yours what I thought of him?"

His Daughter: "Yes, and he said you were wrong in your diagnosis, as usual."

They had been quarreling and finally she packed her clothes and started home to mother. Left all alone, he at first felt badly, but very soon he soliloquized, "I should worry. She had a lot of dental work to be done anyway."

He: "Let's play postoffice."

She: "Oh, that's such a childish game."

He: "Not the way I play it."

Modern marriage is just like a cafeteria. A man grabs what looks nice to him and pays for it later.

Enid: "Did you hear about Alice's brute of a husband disfiguring her for life?"

Maude: "Heavens, no! Did he throw acid in her face?"

Enid: "No, he slashed her with a razor across her knees!"

In a church, at the font, her brother, aged eight, is being christened.

Little Girl (hoarsely): "Behind his ears, too, Rev. Smythe!"